Lectures

on

Mental Pathology

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The Suicide's Hotel.—The Suicide's Hotel in the Latin Quarter, Paris, has been torn down. Ten years ago a young student, despairing and in love, blew out his brains in the room he was occupying, and just one year afterward another student committed suicide in the same room after losing his money in a gambling house. The proprietor of the hotel was alarmed at the fate of these unhappy students, and the room was transformed into a lumber closet. A few months afterward a waiter, who had been accused of theft, crept into this lumber room and hanged himself. The superstitious hotel keeper was now in despair. He surrendered the lease and abandoned the chamber of death. The hotel was repeatedly sold, but its reputation was uncanny and nobody could thrive there. A strong minded druggist took possession of the premises and carried on his business there, but finding his wife had deceived him, retired to the fatal chamber and there poisoned himself with his own drugs. The whole Quarter was up in arms, and demanded that the room should be walled up, but the new owner laughed at the fears of his neighbors, and declared that he meant to occupy the chamber himself. At last, notice was given that the place was about to be pulled down to make room for the Boulevard Saint Germain. An indemnity of $50,000 was demanded, but refused, and the jury having decided that $17,500 was ample compensation, the owner grew despondent, and declared he was a ruined man. A month ago he asked permission to visit the old premises before they were pulled down. His request was granted, and nothing more was heard of him until the workmen found him hanging by the neck in the fatal room.—*Tribune.*

n action, and but little on the time selected or it. Yet the latter usually involves the former—that is, nothing can be accomplished n the best manner unless it be done in its own appropriate time. Some things may show this defect but slightly; others are seriously injured by untimely performance; others are utterly defeated in their end and aim. "Too late" is stamped upon many of our most earnest efforts, and their value is gone.

Take what is done for childhood, for example. From its earliest years, the little one demands thoughtful care and training. Day by day, hour by hour, it needs a mother's watchful eye and a father's judicious guidance. But they are, perhaps, immersed in other pursuits — the engrossing business of earning money or of spending it, of politics or fashion or society consume their lives, and only a remnant is left for parental duties. A few years pass and the sad consequences of neglect become manifest, and parental love and pride are wounded. Now, indeed, are efforts put forth, other claims set aside, plans laid and thought expended, but, alas, their success, at the best, can be but partial; the time when they would have been truly valuable has passed away unimproved, and their tardy performance can never make up the loss.

There are times when we hold in our hands the power of another's happiness. Our kindness, sympathy and tenderness comfort and bless him; our indifference, roughness or coldness chill and distress him. Thoughtlessly or selfishly we neglect our opportunity and it passes away. Our influence over him declines and no subsequent efforts can restore it; or death removes him, and we bitterly lament the conduct we can never alter.

In the same way, all self-improvement is largely dependent for success upon the ele- of timeliness. The course of study which

mary. It is, first, reflex irritation, and afterwards vascular dilatation. I would not like to be understood as attributing even the majority of cases of cerebral disease to reflex hyperæmia, but simply as noting the fact that a great many cases of cerebral irritation, involving serious consequences in the end, have their origin in morbid conditions external to the brain, reflected through the sympathetic nervous system upon the latter, and that these cases are not unfrequently associated with persons who inherit the neuropathic diathesis—the insane neurosis,—the inborn tendency to take on morbid conditions of the brain, upon slighter causes than usually act on the average individual. Among these are persons who become hyperæmic in the brain from slight eccentric irritation. You may have, as every physician knows, conditions of irritation that are not at all connected with cerebral hyperæmia. In children, during the period of dentition, there may be, or there may not be, hyperæmia. You may have irritation in children, resulting in convulsions, that are not the necessary result of cerebral hyperæmia. A child may be anæmic in its brain, and yet be convulsed. Hydrocephalus is not hyperæmia.

A MEDICAL BRIEF ON RESERVE FORCE.

[*Read before the St. Louis Medical Society, June*, 1879.]

All animals have a reserve force or fund of nervous energy, evolved in the laboratory of system, from the food, drink and air they obtain, and stored away in the tissues as latent vital power, upon which, in the emergency of a failure of the customary food supply, they may draw for a time after they cease to eat or drink, for continued sustenance, and upon which, for a very short time even, they may draw after they cease to breathe.

In man, the period for which reserve vital power is ordinarily provided is about nine days, as shown in instances of starvation at sea, etc., etc., and in cases of sickness, where both food and drink have been persistently rejected by the stomach or refused by the patient.

When water is taken into the system, even though food is not, man may survive much longer than this, as has probably been demonstrated to the satisfaction of us all by the experience of the sick room, and as is often shown in the persistent refusal of food by the insane, when means are not at hand, as in asylums, for enforcing proper alimentation.

If a human being should live longer than ten days without either food or water it would be rather, but not entirely, exceptional.

The most recent authenticated instance of fasting for a longer period than nine days, in a human subject, that has come to my knowledge, is that of the case related in the *London Lancet* for November, 1878, by Surgeon MacLaughlin, of the Inman line steamer City of Chester, which also re appears in the *Boston Medical and Surgical Journal* for February 20th, last. Dr. MacLaughlin's case secreted himself in the hold of the vessel at Liverpool, and had nothing to eat or drink during the whole voyage to New York, from September 24th to October 4th, but two handfuls of salt which he found in the hold, and his own urine, which he passed in a flask he had with him and drank each time he voided it. When the vessel reached New York he was found greatly emaciated, insensible, cold and nearly pulseless, but rallied and was convalescent after five days.

An instance was last winter related to me, by a gentleman of veracity, of a hog surviving after being three weeks imprisoned under a house by the snow, though, when first taken out, the ani-

mal was so weak he could not stand. Such instances of persistent vitality in the hog, under such circumstances, are not rare; but the following instance is much more remarkable—the animal having been without food for forty-nine days, and still lives: "Mr. Charles S. Tarleton, of Lafayette county, while making preparations to kill his hogs on December 11th, the day before the big snow, let one of them escape. At that time it was thought the hog would weigh about 275 pounds. After the lapse of forty-six days, when getting out straw with which to cover ice, Mr. Tarleton discovered the hog under the stack, and from all appearances it had not moved during the entire time. The snow was undisturbed, as was also the straw about him, and the hog must have remained almost in one position from the time it was snowed under until it was released as above stated. The hog seemed to be in good health, was remarkably strong considering the circumstances, and ate heartily, but was exceedingly thin, not weighing, perhaps, more than 100 pounds."

I wrote to Mr. Tarleton respecting the authenticity of the above, and received from him the appended letter:

LEXINGTON, MO., March 1, 1879.

DR. C. H. HUGHES:

DEAR SIR:—Your postal is at hand. The hog story is authentic, with the exception that the hog did not eat or drink for three or four days after it was taken out of the straw. That it was under the straw forty-six days, I am prepared to prove by good men. It would have weighed 250 to 275; when taken out, from 100 to 110. The hog is at this time doing well, and bids fair to make a good hog *again*. Yours truly, CHAS. S. TARLETON.

In this connection it is interesting to recall the phenomena of disintegration during the process of starvation. The fat first almost entirely disappears; then the blood glands and viscera waste away, and finally the nervous system succumbs. The formative forces or force forming portions of the body give out first—the *vis a tergo*. The *vis a fronte* fails last,—the energy displaying powers of the organism, whose life is the blood, whose power of manifesting life is in the brain and nerves, being the last to succumb, reserve power ceasing to be created some time before it ceases to be displayed.

With these and other recorded facts before us it may readily be conceived how, under certain conditions of apparently suspended animation, in consequence of some occult neuropathic condition, allied probably to hysteria or catalepsia, where the normal disintegrating processes have not been accelerated by mental anxiety and the consequent disintegration connected with the struggle for existence, in view of conscious impending death, as would take place in a person having a desire for food but involuntarily starved, life might be prolonged to a much greater length than the average possible duration, especially if water were not withheld.

In some of those reported cases of delicate, inactive and hysterical females, where life is said to have been prolonged far beyond the average period without food, if it could be ascertained that no hysterical deception had been practiced, the lowered vitality, existence persisting, is a greater mystery than food deprivation. But since it is the province of medicine to confront the mysterious with scientific explanation, the probable solution is in the lowered disintegration diminishing the demand for nutrition.

Cases like Miss Faucher may not always be deception, since the utmost possible limit of vital resistance, without a new supply of food in man, has not been discovered with absolute certainty.

Medical men in the country may contribute to the solution of this question by carefully observing instances like the above, since it is hardly probable that the inherent vital power in a perfectly healthy man is not less than that of such inferior animals as the hog.

Since this brief paper was written, Dr. Chas. W. Stevens, of this city, has communicated to me the case of a man who for fifty-three days refused everything but water, under the dominion of a delusion.* It is my opinion that the more this subject is looked into the more will be found to sustain the view that, when food-deprivation is entirely self-imposed and voluntary, general disintegration reduced to a very low degree, and no disease existing, save possibly just sufficient in the cerebral cortex to induce the morbid display of volition with reference to alimentation, life may be prolonged, by the necessarily very moderate daily demand on the reserve force of the system, to a much longer period than we have been generally willing to concede possible.

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* Reuben Kelsey, fifty-three days without food, taking not over a pint of water daily, reported in 1825, by Dr. James McNaughton, Professor of Anatomy, University of New York.

THE ADULTERATION OF FOOD.

An Essay read before the Microscopical Society, by STEPHEN P. SHARPLES, S. B., State Analyst of Massachusetts.

Adulterations or impurities of food may be divided into three classes. First, deleterious adulterations; these are such as are directly injurious to health, such as red lead in cayenne pepper, chromate of lead in mustard, or water in milk. The second class, and by far the largest, is what may be called fraudulent adulterations. These injure the pocket rather than the health. This class does not properly come under the notice of the health officer, but is a fraud upon the general public, which should be taken notice of by mercantile associations. This class may be illustrated by such articles as flour in mustard, chicory in coffee and terra alba in cream of tartar. The third class is what may be called accidental. In many instances of this class, it is the duty of the health officer to intefere and confiscate the goods, but the simple deprivation of the articles is generally sufficient punishment. In other cases, in this class, the presence of the impurity arises from methods of manufacture, and if it does not exceed a certain limited amount it may be neglected, and is generally neglected in trade. For instance, cream of tartar generally contains tartrate of calcium; if this does not exceed six or seven per cent. the article passes as pure. If it runs much higher the article is rejected or passes as a low grade with a reduction in price. Belonging to the same class is the small amount of sand oftentimes found in Cuban sugars, and in general all the impurities in our every-day food which are present, not from design, but from some imperfection in the process of manufacture.

The first operation in our search for adulteration is to make ourselves thoroughly acquainted with the genuine article, and in order to make ourselves acquainted it is not sufficient to merely read the accounts we may find in the books, but we must take the articles to our laboratories and submit them to every test that we can devise. Perhaps the most difficult branch of adulteration that the chemist has to deal with, is the sophistication of ground articles. So long as the article is in its natural state but little trouble is experienced; we can readily detect any changes made in it, but when ground we have no resource except the microscope or chemical tests. Many substances which contain starch grains can be readily recognized by the microscope. Flour in mustard at once shows. The various arrowroots are readily distinguished by this means. A few weeks ago I had occasion to examine flour that was suspected of adulteration. Washing with water served to show that one portion was much heavier than the remainder. Microscopic tests at once showed that this heavier portion was rice flour. In this case the usual order of adulteration was reversed, and a more expensive article was added to a cheaper one in order to raise the grade of the whole. Much has been said and written in regard to the adulteration of coffee, but so far as I know no one has yet found in the coffee any article more injurious than the coffee itself. Chicory may be readily distinguished from coffee by the fact that when the ground article is thrown into water, if chicory, peas, rye or Indian corn are present, they rapidly sink to the bottom, while the coffee floats. The adulterations also quickly impart to cold water a brown color, while coffee colors it but slowly. Cream of tartar is, perhaps, the substance next on the list at present which gives us the most trouble. The common adulterations of this article are rice flour, which is easily detected by the microscope and by turning blue when treated with tincture of iodine. Terra alba or gypsum, which is but sparingly soluble in hot water, but which may be dissolved with muriatic acid; when this is present the solution gives a precipitate with chloride of barium. It is also readily recognized by the microscope when polarized light is used. Tartrate of calcium,—this is almost insoluble in boiling water; is soluble easily in hydrochloric acid, and gives a precipitate with ammonia and oxalate of ammonia. The quantity of this must exceed seven or eight per cent. before it can be reckoned as an adulterant. Milk is another subject about which the controversy seems to be needless. The list of adulterations found in the books is a long one, but when thoroughly investigated it seems to narrow down to about two or three. Water is added in considerable quantities, a little burnt sugar is then added to bring up the color. One or two other substances are sometimes classed at adulterants, the use of which can hardly be condemned. In hot weather many of the milkmen add a little baking powder or bicarbonate of soda to the milk, or a little salt; both these substances tend to prevent the milk becoming sour and coagulating. A trace of chalk is also sometimes used for the same purpose. The fraud most extensively practiced in this vicinity at the present time is the sale of skimmed for whole milk. This fraud can easily be detected by the microscope. Milk that has been skimmed is comparitively free from large fat globules. Sugar as sold here is perhaps as pure as sold at any place in the world. Candy, however, is like all manufactured articles, to be looked upon with suspicion. The flavoring matters are rarely what they purport to be, and in some cases are violent poisons. At the present time the article is made largely of glucose, which is manufactured from corn starch. I see no objection to the use of this, provided it is well made and purified. In the examination of meat the inspector has to rely largely on his senses and his familiarity with the genuine article. The microscope comes in play here to detect certain diseased conditions, and to show encysted parasites, such as trichinæ spiralis.

Avoid hasty conclusions about adulteration. Persons often take a look through their microscopes at articles of food and rush into print their discoveries, when a few hours' patient investigation of genuine articles about which there could be no doubt, will serve to show them that they were mistaken in there suppositions. Young students fresh from college are apt to find things very much worse than those who have studied the subject for years. But I would not for this reason discourage a full investigation of the subject. The more thoroughly we become aquainted with it, the better able we will be to detect and secure the punishment of fraud where it does occur.

LITERARY NOTES.

A NEW SANITARY WEEKLY.

We refer to *Harper's Young People.* This journal aims to promote healthy minds in the youth of our land. In view of the trashy publications which are doing so much to poison the thoughts and misdirect the aims and purposes of our young people, the parents of America owe a debt of gratitude to the Messrs. Harper for the enterprise that prompts them to attempt the establishment of such a paper in competition with the money-making and mischievous sheets which find such ready sale. It is no easy task to make such a journal as the Messrs. Harper have just started interesting and remunerative. We have seen three numbers, each of the last two showing marked improvements, and we hope that every intelligent parent in the land will show their appreciation of this movement by subscribing for this weekly for their children. Nothing will give so severe a blow to the publication of vicious literature for the young as to demonstrate that it is more profitable to furnish that which is instructive and elevating.

Studio and Atelier, with the most approved Models and Appliances recently selected from the Technical Schools of France, Germany and Austria. By WILLIAM WATSON, Ph.D.

This little manual, printed for private distribution, briefly outlines a course of instruction in descriptive geometry, with its applications to construction and design, graphical statics and dynamics, the principles of mechanism and engineering. Projects—a topic which receives ample illustrations by conferences or familiar lectures, after the manner of the technical schools of Paris, Berlin, Vienna and Zurich.

Prof. Watson is well qualified to superintend such a scheme of practical science, being a member of the French and Prussian Societies of Engineers, and having served on the International Jury of the Paris Exhibition of 1878.

Ice in Memphis ended the epidemic of 1879. Now for preventive measures to avoid another outbreak in 1880.

Our School Commissioners want a new building. Would it not be wiser to get half a dozen additional school houses first?—*N. Y. Herald.*

Country people claim to have more healthy homes than city residents, but the fact that so many persons are taken sick with malaria in the fall of the year, just after returning from the country, tells its own lesson.

A property owner who has neglected the sanitary requirements of some of his houses has been committed by a police justice. Now, tenants everywhere, strike while the iron is hot.—*N. Y. Herald,* Nov. 8th.

Architect Clark, of the Washington Capitol building, says that if Congress will adopt the plan he suggests in his annual report, of planting a row of trees on the low lands south of the House wing, that he will guarantee that the air which penetrates the hall of the House will be much purer.

The Troy Steam Heating Company is laying pipes to convey steam through the streets of that city. The iron pipes are first covered with hair felting and are then run into wooden logs; these logs lie only about four feet below the surface of the ground. It is intended to lay four miles this season.

The pious citizens of Middletown, in the face of a threatened water famine, voted down a proposition to spend $25,000 in filling the empty reservoirs on the ground that it would show a distrust in Providence, are no doubt, convinced that their faith has been rewarded by a direct divine interposition in their behalf. But suppose it hadn't rained.

Putnam County, N. Y., was recently alarmed by a report of pleuro-pneumonia among the cattle. Several of the cows were killed, and examined by Dr. Hopkins, who found indications of the disease; and the animals were buried. A German advised the inoculation of healthy animals as a preventive. But General Patrick warned the farmers against such a practice. He thinks there is less disease in the West than in Long Island, New Jersey and Westchester County.

In the main water pipe, on Washington Street, a mass of roots was discovered, packed in the pipe, and obstructing the flow of water. They appeared to be the roots of the chinaberry. It is strange how they could have got into the pipe. One supposition is that a seed fell from a tree at the water works and was washed to this spout where it vegetated and grew. Another theory is that the mass was the result of long accumulations of minute fibrous roots produced on the sides and bottom of the basins.—*Columbus, S. C., Register.*

In a review in the *Medical Record* of "Lessons of Gynæcology," by Prof. Goodell, of the University of Pennsylvania, it is remarked: "A subject is taken up in Lesson XXVIII. which, according to our recollection, has not been previously discussed in a medical book. It is the relation which faulty closet-accommodations bear to the diseases of women. We must congratulate the author upon the full, frank, and common-sense expressions which he has given us in this chapter, and we believe the practical benefit which would follow scrupulous attention to the advice therein given would amply reward every family in the world for obtaining a copy of the book. 'Such closets as invite rather than repel, which give comfort and ready privacy,' will do much—very much—toward maintaining it in the greatest possible degree of health."

PUBLICATIONS RECEIVED.

Address delivered before the New Orleans Auxiliary Sanitary Association; by JOHN H. RAUCH, M.D., Pres. Ill. Board of Health.

Snnitary Problems of Chicago, Past and Present; by J. H. RAUCH, M.D., of Chicago.

Cleanliness, Health, Wealth. The Evil and the Remedy for the Privy System of New Orleans. A report to the New Orleans Medical and Surgical Association and accepted by the Auxiliary Sanitary Association. J. H. RAUCH, M.D.

Terra-Cotta in Architecture; by JAMES J. TALBOT. 1879.

American Health Primers. IV.—Eyesight, and How to Care for it; by GEO. C. HARLAN, M.D.

The Throat and the Voice; by J. SOLIS COHEN, M.D., of Jefferson Medical College, Phila. Lindsay & Blackiston, Phila.

Circular on Ventilation, Drainage, Drinking Water, and Disinfectants; pp. 14; North Carolina Board of Health.

Sanitary Engineering; by WILLIAM CAIN, C.E., Member of the North Carolina Board of Health; pp. 29.

The Public Library and the Common Schools: Three papers on educational topics; by CHARLES F. ADAMS, Jr.: 1—The Public Library and the Public Schools; 2—Fiction in Public Libraries, and Educational Catalogues; 3—The New Departure in the Common Schools of Quincy. Boston: Estes & Lauriat.

Our Health and Our Diseases: Condition of Montreal in a Sanitary Point of View; by F. P. MACKELCAN, C.E.; pp. 41.

Dr. Benj. Rush gave lectures on Insanity in his course on Practice of Medicine in the University of Penna., from 1805; with clinical Pathology, illustrations also in Penna. Hospital, — which began to receive insane patients Prophylaxis & for treatment in 1752; first Principles of treatment in this country. of Insanity;

[I attended Baillarger's clinique of cases of insanity 200 students, at Salpêtrière, in Paris; Sunday morning!]

I have (See my Notes on Hippeng) learned more however, by residence as physician for several weeks at a time, in an asylum for the insane [3 different years, Then, Suits on malpractice — (Refer to Edwell) — notice especially Reese's case, 1870; fully treated of in Phila. Med. Times, 1870. Dar the Frankford asylum]

That which thinks & feels is mind
Brutes think & feel
Therefore they have mind.

(All mind is immortal
The intelligence of brutes is mind
Therefore " " " must be immortal!)

or

Brutes are not immortal
Brutes have mind
Therefore some mind is not immortal – i.e.,
the contradictory of the proposition "All mind is immortal."

"The divine member ΨΥΧΗ & ΠΝΕΥΜΑ" —

"That was not first which was ΠΝΕΥΜΑΤΙΚΟΣ, but that which was ΨΥΧΙΚΟΣ."

The first answer to the questions "What is man, whence does he come and what is his destiny?" must be looked for in the Bible: next, – in consciousness; last, in anatomy, and comparative physiology & other science of material nature. All the answers are of importance; but for sound judgment the order is almost indispensable. – "Whence is man?" – Genesis; "What?" – Consciousness & Science; "Whither?" – The New Testament.

Ferrul

views.

(1) The mind, then, in this state of ex.
as all know, depends upon its organ, the br.
when the br. is y, the mind is immature;
if the br. be inj, or dis., the mind is deranged;
when the brain grows old with decrepit. of the
body, the mind becomes feeble & dwindles away. (The
Soul may exist, I do not for a moment doubt,
in other states, in another celestial body,
then may and act without a brain; but we do not find or know
such of it here.)

Notes from Bingham, 3d ed, Phil, 1845

Dr B. says that he is "confident that a far greater proportion of the females seen in the Cities of this country are pale, slender, & apparently unhealthy, than of those seen in the large towns of England & France. The truth of this remark is abundantly confirmed by our own & foreign travellers. But there is no other country where females generally receive so early & so much intellectual culture, where so little attention is paid to their phys. educa." Preface, 1832.

Herman states (Prinip. of Mil. Surg.) that at Waterloo a man had a small portion of his skull beaten in upon the brain, to the depth of 1/2 an inch, this caused volition & sensation to cease, & he was nearly in a lifeless state. Cooper raised up the depressed portion from the brain, & then he arose, dressed himself, became rational, & recovered rapidly.

Prof. Thrstan used to show to his class a man whose skull had been perforated, the brain exposed, whose intellectual & moral faculties,

Mental Hygiene

Beginning of

On this basis, then, of the constant dependence, in our present existence, of mind on cerebral conditions, we find mental health & activity to be affected variously, — by

1. Inherited organization.
2. Age. 3. Sex (in character, not in mindness),
4. Physical influences —
a. General health. b. Atmosphere. c. Food & drink.
d. Exercise. e. Sleep.
5. Mental influences
a. Civilization. b. Education, c. Intellectual labor, d. Excitement & e. Stagnation. f. Emotional excitement, imitation and sympathy.

The full expansion of all these topics would belong to Mental Hygiene. Our present subject is the Mental Pathology. A preliminary glance, therefore, only, at some of them, will be now suitable.

1. Inherited organization. 2. General Health.
3. Mental influences — Civilization — Intell. labor, — Excitement — & stagnation — Emotional excitement & sympathy.

Strongest case against capital punishment.

The morbid effect of sympathy & imitation to show to the physician not unfrequently in that strange malady hysteria.

Simulated illness — "bed cases" — (Laycock on Hysteria)

(my Ep. Hosp. phantom tumor)

(Mr Gull on Hysterical Palsy)

Effect of mind on body in hysterical conditions —

Hospital Case, Dr Meigs

Note out

~~After some hesitation~~ I have concluded to remark yet a little further upon Insanity; being led to it the more particularly because I suppose that neither in this institution nor in the Hospitals is any didactic instruction upon it given.

1. Nature — Varieties —

2. Pathology —

3. Causes —

4. Signs — & premonitions — those of other brain disease (Wunderlich)

5. Prevention & treatment —
(Ray — & Wunderlich & Burkmyer)

(Last not here)
1870 Mr Lo Lecky

Nature of Insanity —

Hard to define, tho' every body knows it.

Disease of the brain — affects the mind —

Either in Sensorial

intellectual or

Emotional function —

Hallucination — {not always insane —
"I see it's only a fancy."
(In delirium tremens — & certain other cases —

Delusion — or Intellectual insanity
error of reasoning

Moral or emotional insanity —

Practically — the ~~pathognomonic~~ criterion of insanity is
Loss of control of the will over
thought & impulse — so that the individual
is alienée from himself & his surrounds society

Pathology —

Not yet fully understood — from the subtle nature of nervous functions — & the minuteness of the structural elements concerned in them; the nerve-cells & filaments of the brain.

1. Functional disorder

blood-fault — or sympathetic &c.

— tiredness — "Melancholy" — "spleen" — "hypochondriasis"

Also mental aberrant symptoms as delirium in phthisis — childishness in old age — in states of debility — analogous to convulsions, chorea, &c.

Hysteria is essentially a neurosis.

2. Changes in circulation of brain —

Inflammation — acute & subacute — & chronic hyperæmia

If strongly marked — very distinct — two states

One phrenitis, arachnitis, cerebritis, meningitis: the other, insanity.

but gradating into each other, not sharply;

— as Dr. Winslow & others clearly admit —

3. Atrophic changes —

weight of brain in chronic cases generally less —

& degeneration of structure — over

Dr. Tuke (1871) reports, as result of a large number of autopsies, that of all parts of the brain found morbidly altered in those who have died insane, the corpora striata most frequently show lesions, and the cerebellum least often of all. The first of these facts would not be anticipated in view of the common idea of physiologists in regard to the functions of the corpora striata. That we can't help, and must hope for the reconciliation after awhile. As regards the cerebellum, it is what might be expected.

Classification of Insanity — Many schemes —

Simplest & most available is the clinical one —

1. Mania — Acute & Chronic.
   (old, previous) of acute, 2 varieties; — hot excitement, & physical prostration.
   many varieties — intellectual, emotional, sensorial — or 2 or 3 paroxysmal
2. Monomania
   or partial insanity — upon one subject —
3. Melancholia
   emotional insanity with constant tendency to depression — (Suicidal
4. Dementia — total mental wreck.

Mobility — Procy

But, — Sensorial,
Intellectual
Emotional, — or moral insanity.
a more pure physiological classification — very suitable

Causes of Insanity

Predisposing — e.g. — feeble health —

& Exciting — e.g. death of a friend. Sudden shock — &c —

First Predisposing. —

1. Hereditary — proclivity

of all diseases (Esquirol) insanity is the most hereditary

from 1/4 to 1/3 of all cases are so traced, as asylum statistics show.

Baillarger states that insanity of the mother is most frequently transmitted — & to a greater number of children in the same family —

of mother most to daughters & of father to sons —

In regard to

2. Sex —

Celsus Aurelianus wrote that fewer women become de-ranged than men.

Modern experience both in this country & Europe generally confirms this, ~~[illegible] & Tuke reports homicidal conflicts~~ ~~[illegible] often remain longer in asylums~~ ~~[illegible] perhaps women [illegible]~~ (Report, Davis) (Report, Thurnam) very likely the difference is mainly from greater exposure of men to disturbing causes. Lunier (1869) states 54 admissions of men to 46 women, in 100. Yet more women remain in asylums. (Report, Lunier)

3. Age.

More patients are admitted into insane asylums in Europe between 30 & 40 than before or after (this not in all asylums the same) next — 20 & 30. In U. S. — from 20 to 30. and beginning of attacks rather earlier.

4. Season. Perhaps the others have fully shown that more people, by a considerable difference, become insane in summer than in winter.

June & July the months of the greatest number of attacks. Yet cold climates the most.

5. Mode of life — town and country —

At first appearance of the figures — it would seem to have been shown in England & in Massachusetts, that more insanity prevails in the country than in towns.

1 in 820 to 1 in 1200

In France (Parchappe) at least in the contrast between towns & country districts, it is otherwise —

7.79 in 1000 to 1.42 in 1000.

Legoyt states more than ½ admiss. in asyl. from towns, tho' pop. in country is 3 to 1 of towns.

Dr Tuke of York Retreat England has examined the question in that country — & finds that when the pauper insane are compared not with all the population but with the whole pauper population, as they should be — there proves to be a less proportion of insanity in the country than in the towns.

6. Occupation.

There must be many to make the statistics accurate.

We should know, not how many in a place of a certain occupation become insane, — but of those of the place who are engaged in that occupation what proportion become lunatics. This has hardly ever been done.

The tables given in the work of Drs Tuke & Bucknill do not convey to my mind any determinate conclusion at all on this part of the subject. (Neither do those on this subject, in Dr. Kirkbride's Reports.)

Legoyt & Motet assert that more educated and intellectually occupied persons become insane than those whose employment is manual & their minds uncultivated. More probably, I think, such persons are only more apt to be in circumstances to be cared for and come under medical observation.

7. Marriage & Celibacy.

The single state is much more liable to insanity than the married in Europe

There are in Gr. Britain nearly twice as many married people as unmarried; yet there are more unmarried, in actual number, admitted as patients into the lunatic asylums. And the case is much the same as stated in France — & ~~I have no doubt~~ we might suppose it ~~is~~ the case in this country. The statistics of the Pennsylvania Hospital for Insane hardly confirm this.

The difference is greatest in men: the difference, i.e., between insane single men & married men in number.

8. Savage Lambert

states - (I have alluded incidentally to this before).

Although, (as was said previously) insanity does occur among savages, & when it does it is hopeless — yet there are many ~~statements~~ assertions made on the behalf of the view that it is decidedly less frequent among them than among civilized people.

In France, now, about 1 in 800 (500 Bagot)
Norway, 550
Rhenieland, 600
England & Wales 575 1 in 300 (500 Sturge)

Take

It seems to me a very probable, almost certain, fact that the most important cause of insanity, cases of insanity as there may be in civilized countries is, alcoholic intemperance; which is characteristic, the vice par excellence of our N. Am. Indians shows) a vice of civilized Countries.

To 1869, Dr Kirkbride's, (Summary of total) 973 "Ill health" – 417 Intemperance & no one other cause nearly so many. 12 per cent of cases of insanity in one hospital (Bethlehem) at least in France (Legrand) of 8297 insane, 3014 were drunkards. In England was ascribed to intemperance and indirectly increased the proportion is probably greater.

Interesting Statements Concerning Causes of Insanity.

The Paris *Moniteur* has published a valuable series of statistics relating to the French lunatic asylums and their occupants. At the end of 1860 there were 99 asylums in France, of which 57 were public and 42 private. The number of occupants has gradually increased since 1835, when it amounted to 10,539. In 1840 it had risen to 13,283; in 1845 it was 17,089; in 1850, 20,061; in 1855, 24,896; in 1860; 28,761; and in 1861, 30,239. In the last-mentioned year 26,450 of the patients were insane, 3746 were idiots, and 45 were afflicted with cretinism.

During the six years between 1856 and 1861 51.9 per cent. of the insane were women and 48.1 men. Compared with the population, we find that one out of every 915 men and 1 out of every 839 women is insane; as regards idiocy, there is 1 idiot for every 796 men, and 1 for every 1034 women. (?) Of the 38,988 patients admitted from 1856 to 1860, there are 8250 for whom no particulars could be furnished; and excluding the idiots and the cretins, as also those cases of insanity which were clearly hereditary, the report gives the details of the remaining 26,223 cases. Of these 15,866 may be attributed to physical, and 10,357 to moral causes. Under the first head the cases are classed as follows:—Old age, 2098; misery and destitution, 1008; onanism and venereal excesses, 1026; drinking, 3455; congenital vice, 474; diseases peculiar to women, 1592; epilepsy, 1498; other diseases of the nervous system, 1136; wounds and injuries, 398; various diseases, 2017; other physical causes, 1164.

The moral causes are subdivided as follows:—Overwork, 358; domestic troubles, 2549; loss of fortune, 851; loss of friends, 803; disappointed ambition, 520; remorse, 102; anger, 123; joy, 31; insulted modesty, 60; love, 767; jealousy, 456;

found to be also [illegible]
found to be considerable difference in the comparative weight of the two kidneys. Weight of right kidney, five ounces, three drachms, and two scruples; weight of left kidney, six ounces, two drachms, and two scruples.

The condition of the bladder was found healthy, not distended, containing only about three ounces of urine.

Dr. PANCOAST, in lecturing to the audience, gave it as his opinion that the individual before him perished simply from shock inflicted on the nervous system, caused by the tension and pressure to which the pneumogastric and phrenic nerves (nerves essential to the function of respiration) were subjected, no injury having been inflicted on the spinal cord, which opinion was substantiated by other distinguished medical gentlemen present. The experiment of Sir BENJAMIN BRODIE was referred to, which was that of tying a cord tightly around the neck of a guinea pig, behind the windpipe, thus not interfering with respiration. After allowing the cord to remain for a short time, it was removed, the guinea pig allowed to run around as before, but the next morning it was found dead, having perished from the injury sustained by its nervous system.

The lecture having now continued for one hour and three quarters, the lecturer completed a thorough examination of the body, called the attention of the profession to witness that here was a man who had died by hanging, yet having no evidence of such, excepting the statement of trustworthy and respectable eye-witnesses, and other external signs, as the furrow made by the rope, yet the other internal evidence, which might be expected in such a case, being absent, there being no fracture or dislocation of the neck, no rupture or other injury of the spinal cord, no in-

pride, 363; political events, 123; sudden transition from an active to a passive life, and *vice versa*, 82; isolation and solitude, 115; imprisonment, 113; solitary confinement, 26; home sickness, 78; religion, 1095; other causes, 1728. It will be noticed that nearly one-eighth of the cases of insanity are due to drunkenness, and about one-tenth to domestic troubles, whilst excessive mental labor, which is generally supposed to be a fruitful source of insanity, only caused 358 cases out of 26,223.

It would, perhaps be unfair to attempt to draw a comparison between the characters of nations from the number of persons who become insane on a particular point, but we think that statistics of this kind may to some extent, be used in this way. The number of cures effected amounted to 8.24 per cent., the larger proportion being men. Of the 13,687 who were cured, details can only be given of 9789; of these 5253 had become insane from physical causes, and 4536 from moral causes. The average annual cost of the asylums from 1856 to 1860 amounted to 8,000,000 francs.

Exciting Causes

Moral, or mental, — Physical.

The former are most frequent; most of all so in females; in whom the emotional nature is greatly predominant.

Parchappe — 1000 cases. —

Physical Causes		Moral Causes	
Intemperance	164	Domestic troubles	241
Epilepsy	68	Grief	88
Childbearing	45	Wounded feelings	84
Vicious Habits	40	Religious excitement	56
Bodily diseases	18	Disappointed affections	53
Other disease of brain	14	~~Political~~	48
Old age	8	Political other excitements	34
Injuries	4	Over Study	8
~~Other causes~~	3		

Undetermined — 27 cases.

TABLE II.—*Showing the ages of* 7167 *patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	3	5	Between 50 and 55	270	209	479
Between 10 and 15	10	18	28	" 55 and 60	178	134	312
" 15 and 20	201	191	392	" 60 and 65	141	115	256
" 20 and 25	545	457	1002	" 65 and 70	71	78	149
" 25 and 30	551	527	1078	" 70 and 75	59	58	117
" 30 and 35	503	449	952	" 75 and 80	28	16	44
" 35 and 40	524	415	939	" 80 and 85	5	10	15
" 40 and 45	396	380	776	" 85 and 90	1	—	1
" 45 and 50	346	275	621	" 90 and 95	—	1	1

For 1875 = 35 years' figures — Kirkbride.

Buckmill & Tuke give, of 7295 patients in asylums in all parts of the world, 2051 between 30 & 40, 1582 between 20 & 30. Yet they believe most attacks to occur 20 to 30.

are not included in these tables. The number of patients embraced in the tables given in this report, is 7167, and the period of observation is thirty-five years.

As has been said before, "every year, with its steadily increasing numbers, adds to the value of these tables. Although fully aware of the various sources of error and uncertainty in many statistical records, still, it has always seemed to me, that there can be no question, but that there are so many facts

TABLE V.—*Showing the number of single, married, widows, and widowers in 7167 patients.*

	Males.	Females.	Total.
Single	1890	1395	3285
Married	1748	1536	3284
Widows	—	405	405
Widowers	193	—	193

more widows than widowers

142 more single men

145 more married women

France . .

TABLE VII.—*Showing the residence of* 7167 *patients.*

Residents of	Pennsylvania .	5854	Residents of	Maine . .	3
"	New Jersey .	255	"	Rhode Island .	6
"	Delaware . .	149	"	New York .	162
"	Maryland . .	159	"	Florida . .	4
"	Virginia . .	67	"	Wisconsin .	1
"	West Virginia .	8	"	California . .	4
"	D. of Columbia	30	"	Oregon . .	1
"	North Carolina	55	"	Minnesota .	2
"	South Carolina	37	"	Kansas . .	3
"	Georgia . .	31	"	Montana . .	2
"	Alabama . .	23	"	Colorado . .	1
"	Louisiana . .	43	"	Jamaica, W. I.	2
"	Tennessee .	16	"	Barbadoes, "	4
"	Kentucky . .	22	"	Cuba, "	11
"	Arkansas . .	4	"	St. Croix, "	1
"	Mississippi .	14	"	St. Thomas, "	3
"	Vermont . .	4	"	Isl. of Madeira .	1
"	Texas . .	11	"	Germany . .	3
"	Illinois . .	19	"	Venezuela, S. A.	2
"	Michigan . .	6	"	England . .	2
"	Ohio . . .	50	"	Norway . .	1
"	Indiana . .	15	"	Costa Rica .	2
"	Missouri . .	22	"	Mexico . .	2
"	Massachusetts .	20	"	Canada . .	6
"	New Hampshire	1	"	Japan . .	1
"	Iowa . .	7	"	Nova Scotia .	1
"	Connecticut .	13	"	Brazil . .	1

TABLE VIII.—*Showing the supposed causes of insanity in* 7167 *cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds . . .	711	579	1290	Mortified pride .	2	1	3
Intemperance . .	585	52	637	Celibacy . . .	1	—	1
Loss of property .	185	45	230	Anxiety for wealth .	3	—	3
Dread of poverty .	3	2	5	Use of opium . .	10	17	27
Disappointed affections . . .	32	56	88	Use of tobacco .	15	2	17
Intense study . .	39	13	52	Lead-poisoning .	1	—	1
Domestic difficulties	50	93	143	Use of quack medicines . . .	2	2	4
Fright . . .	17	39	56	Puerperal state .	—	284	284
Grief, loss of friends, &c. . . .	78	261	339	Lactation too long continued . .	—	12	12
Intense application to business . .	46	10	56	Uncontrolled passion	5	7	12
Religious excitement	82	130	212	Tight lacing . .	—	1	1
Political excitement	14	—	14	Injuries of the head	90	6	96
Metaphysical speculations . . .	1	—	1	Masturbation . .	91	2	93
Want of exercise .	6	2	8	Mental anxiety .	170	271	441
Engagement in duel	1	—	1	Exposure to cold .	5	1	6
Disappointed expectations . . .	14	17	31	Exposure to direct rays of the sun .	67	3	70
Nostalgia . .	—	8	8	Exposure to intense heat . . .	1	1	2
Stock speculations .	2	—	2	Exposure in army .	6	—	6
Want of employment	44	2	46	Old age . . .	—	3	3
				Unascertained . .	1452	1414	2866

TABLE IX.—*Showing the ages at which insanity first appeared in* 7167 *patients.*

	M.	F.	T.		M.	F.	T.
Under 10 years	17	4	21	Between 45 and 50	275	225	500
Between 10 and 15	59	65	124	" 50 and 55	186	162	348
" 15 and 20	369	326	695	" 55 and 60	135	115	250
" 20 and 25	672	600	1272	" 60 and 65	100	74	174
" 25 and 30	646	588	1234	" 65 and 70	43	23	66
" 30 and 35	460	455	915	" 70 and 75	23	19	42
" 35 and 40	482	350	832	" 75 and 80	13	8	21
" 40 and 45	349	315	664	" 80 and 85	2	7	9

TABLE X.—*Showing the forms of disease for which* 7167 *patients were admitted.*

	Males.	Females	Total.
Mania	1667	1585	3252
Melancholia	864	1076	1940
Monomania	572	408	980
Dementia	713	262	975
Delirium	15	5	20

TABLE XI.—*Showing the duration of the disease at the time of admission in* 7167 *patients.*

	Males.	Females.	Total.
Not exceeding 3 months	1754	1855	3609
Between 3 and 6 months	306	249	555
" 6 months and one year . .	478	376	854
" 1 and 2 years	501	336	837
" 2 and 3 "	254	148	402
" 3 and 4 "	142	89	231
" 4 and 5 "	91	57	148
" 5 and 10 "	158	120	278
" 10 and 15 "	64	47	111
" 15 and 20 "	28	27	55
" 20 and 25 "	28	15	43
" 25 and 30 "	12	10	22
" 30 and 35 "	7	4	11
" 35 and 40 "	4	—	4
" 40 and 45 "	3	2	5
" 45 and 50 "	1	1	2

TABLE XII.—*Showing the number of the attack in* 7167 *cases.*

	M.	F.	T.	In the *periodical* cases,	M.	F.	T.
First attack	2825	2361	5186	10th 6 m. 6 f., 11th 3 m. 4 f. .	9	10	19
Second "	566	582	1148	12th 3 m. 3 f., 13th 1 m. 2 f. .	4	5	9
Third "	183	199	382	14th 1 m. 3 f., 15th 1 m. 1 f. .	2	4	6
Fourth "	93	79	172	16th 1 m., 17th 2 m. . . .	3	—	3
Fifth "	47	47	94	18th 4 m., 19th 2 m. . . .	6	—	6
Sixth "	55	17	72	20th and 21st each 1 m. and 1 f.	2	2	4
Seventh "	18	6	24	22d 1 m., and to 26th each 1 f. .	1	5	6
Eighth "	12	8	20	27th 2 f., 29th 1 f. . . .	—	3	3
Ninth "	5	4	9	30th, 31st, 32d, 33d, each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of* 6748 *patients, who have been discharged or died—their sex, and the forms of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured . .	1688	1636	3324	1859	920	451	91	3
Much improved	225	335	560	234	210	83	33	—
Improved .	623	494	1117	395	323	194	205	—
Stationary .	577	276	853	275	193	116	268	1
Died . .	517	377	894	389	185	39	265	16

$\frac{1688}{6748}$ $\frac{211}{844(-4)} = \frac{1}{4}$!

In one large Asylum in France
(Dr. Uon) — thus, in order
of frequency —

among <u>males</u> —

1st abuse of alcoholic drinks.
2d Reverse of fortune
3d Domestic troubles
4th Loss of friends

among <u>females</u> —

1st Loss of friends
2d Reverse of fortune —
3d Abuse of alcoholic drinks.

Suicide in France.

The well known Dr. Brierre de Boismont, of Paris, has just published a work on suicide, in which he gives some interesting and many curious statistics. Over three hundred thousand Frenchmen have committed suicide since the beginning of the present century. Of these Dr. de Boismont has carefully analyzed four thousand five hundred and ninety-five cases.

In France at large he finds the majority of suicides to fall between the fortieth and fiftieth year; in Paris, however, the majority occur between the twentieth and thirtieth. Two children under nine, and one under five, killed themselves. More people commit suicide between seventy and eighty than between thirty and forty.

It is a mistake to call November the suicide's month; as a Paddy preferred warm to cold water to drown himself in, so it seems the generality of men prefer to kill themselves in fine weather and in daylight. For November and December the figures of De Boismont are 298 and 276; while for June and July they are 483 and 487. 2,094 persons committed suicide by day, only 658 by night. Eight in the morning seems to be the favorite hour; noon comes next; seven in the evening yields fewest. Fewer mountaineers commit this folly than inhabitants of the lowlands, and fewer women than men, in the proportion of 1 to 2.76 in single, 1 to 2.49 in married life, and 1 to 1.32 in widowhood. But between the ages of forty and fifty, at which the maximum of suicides is reached, the married outnumber the single and widowed combined, in the proportion of three to one.

The following table exhibits the various modes of suicide in France between the years 1827–60.

		Men.	*Women.*
1. Strangled by hanging	14,806	12,152	2,690
2. Drowned	11,845	7,668	4,177
3. By fire-arms	4,390	4,337	53
4. Asphyxia from charcoal	3,224	1,917	1,307
5. By sharp-pointed instruments	1,522	1,272	250
6. Voluntary leaps from high places	1,380	862	518
7. Poison	756	474	282
8. Other causes	282	228	54
	38,205	28,910	9,295

It appears that suicide is more frequent in the French than in the British army.

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Signs & Premonitions

of Fatal Other brain

Disease — (Winslow Ray)

Some cases, even fatal, of

brain-attack are beyond doubt

sudden in their onset —

Death from extreme emotion: — Doorkeeper of Pr. Congress —

died on being told of murder of Lord Cavendish

Young man in Penna. in

ranks at night, early the Late war —

But many cases of sudden death

have on autopsy shown previous

disease which must have been of long standing.

Dr R. Winslow ~~mentions~~ ~~many~~
considers that very few instances
of brain disease really become
suddenly or very rapidly serious — but that if
attention had been given to their
search signs might have been
observed, — often weeks, months or even years before.

He believes also, and I think
with reason, — that when such
signs are known, preventive mea-
-sures may often be used, with
important effects this language is
& Many a suicide would be
prevented, and murderous and
criminal impulse destroyed, if an
active cathartic were exhibited, or

Starkweather, the murderer; — has
ride with a young lady; ~~to~~ has intention to
murder her — at rain, — anxiety to keep
her from getting wet, — and forgetting the design
to murder! [Reuben Harris] fled to avert suicidal attacks!

Freaks of moral insanity! a reality,
what must have & now has seemed) a place in
law. most strong, & obvious epileptic paroxysmal frenzy,
not only homicidal & suicidal, (the latter especially
hereditary) but also pyromania, kleptomania, erotomania, &c. But preposterous abuse of the plea
of moral insanity is now a great deal too common.

The true principle, — Confinement for life, beyond pardon,
for every homicide.

the cerebral circulation relieved, and rendered less active by means of local depletion. Men have been hanged for crimes which the physician might have proved, Damien the assassin declared to the last, he adds, "that had the vessels of his brain been unloaded by bleeding, as he earnestly requested, he never would have attempted the life of Louis XV."

This becomes an important study, then, — which must in the main cover the personal or clinical with ~~physical and mental~~ physician, — this study of the premonitions of brain disease.

I will briefly notice a few of these.

least characteristic,

1st Pain in the head,

frequent or continuous.

Of course very common from various causes, not habitual — or neuralgic — or from other ascertainable cause — yet many cases of insanity occur without it.

2. Nervous irritability —

also not constitutional — when

Some people are always "nervous", bordering on eccentricity. An excessive increase of this may constitute insanity.

3. Sleeplessness —

a very common mode of action of "moral" or emotional causes, but premonitory, also, under physical influences. Loss of sleep, long continued, may produce insanity.

4. Mental exhilaration or

excitement — sustained; — unnaturally high spirits; —

5. Gloom & depression — un-

-explained by events —

6. Great mutations of mental state — alternations of ecstasy & despondency. —

C. J. Stearns

7. Reversal of the individual's ordinary habits of thought, feeling or action.

This is most important. Company a person with himself, in his healthy order state gives always a better diagnosis of body or mental condition than company him merely with other people. "Beside himself." outside of his normal self.

8. Aversion to or unaccountable estrangement from family or near friends about him. This is a very common sign of incipient insanity, as nearly characteristic as any other symptom, especially of chronic mania or melancholia.

9. Impossibility of fixing the attention continuously upon any subject; often restlessness of the body, with nearly incessant movement or speech; but, sometimes, without this, the power to read, or sew, or keep the mind for many minutes connected on anything, is lost.

10. Marked delusions — or impulses without rational motive, and foreign to the character of the person, unless they are so occasional and transient as to exhibit delirium only, — make out insanity: certainly such when they govern conduct and mislead or overpower the will and self-control of the individual.

Prevention.

Physical treatment

After 2 years consequences — adapted by good medical judgment to each case. Some need cathartics — others alteratives — some local & general depletion, — others iron & quinine: a good many, perhaps all, therefore require most of all with brain disorder, release for the time from care & business; & the time must often be of considerable length.

Shall travel be advised?

Dr Rays ~~advice~~ counsel upon this is very good. Sometimes, for a slight jaded or unsettled state of the cerebro-nervous system, travelling may be a wholesome means of refreshment.

But, if serious cerebral irritation, or positive mental disease exist — it is very doubtful; indeed as a rule will do more harm than good. Taking from home been then very usually a necessity; but not for travel;

that may be too startling.

In actually developed insanity even when quite acute (recent) all ~~psychopaths ill~~ are thrown upon mental disease urge prompt seclusion in a well organised well conducted asylum. This is for the best advantage of the patient as well as needful for his friends.

often, very often, this is left too late.

(S. Morris' case). Some exceptions. –

or Ghel

Great judgment is called
for in dealing with such
cases. Physicians have hard
any other so trying responsibility
There are reasons why one should
~~naturally hesitate~~ to send a
person, of either sex or any
age or station in life, to an
institution from to be intended
only for insane people — but
I only give the words derived from
~~authority~~ in insisting upon it as
the rule which should admit
of but few exceptions.
Such institutions are the infinitely places &c.

over —

Description of different forms of insanity according to common clinical classification —

Acute Mania — Unfixed attention — Excitement — Delusions — Impulses — Sleeplessness — Sometimes great debility.

Chronic Mania — Moral } Both
Intellectual

(Responsible!)

Monomania
Homicidal — Suicidal — Kleptomania —
Pyromania — [Dipsomania — Phenomena!]

Melancholia

Dementia

(Idiocy — Imbecility)

General Paralysis of the Insane —

Mixture of sane & insane in many persons.

In regard to the treatment, the therapeutics of insanity, I must endeavor here only to indicate principles, — referring you for further details to the works of Bucknill & Tuke, Winslow, Maudsley, Blandford and others.

There are three lines of treatment which may be called for.

1. that addressed to the state of the brain.

2. " " the general condition of health.

3. " " disorder of some particular organ, which by reflex action or sympathy disturbs the brain.

In the brain itself, the condition may be sub-inflammatory, — that of irritation, — of lost balance in its circulation and the functional activity of its parts: — or, atrophied, either quantitatively, qualitatively, or both.

If the condition of the brain be that of active hyperæmia, or sub-acute inflammation (F. Winslow), — sometimes even depletion; — & cold applications, followed by shaving & blistering head, & purging — with quiet & moderate diet, not too much or too long reducing, of course.

If irritation instead, — tranquilizing — soothing. Prolonged warm bath — (hot air bath) anodynes: as opium (5) (or morphia?), conium (4), hyoscyamus (3), hydrate of chloral (2), — bromide of potassium (1), — (digitalis?). Much room here for observation & skill. Good diet — but quiet circumstances. Exercise, with judgment, pro re nata. Sometimes exercise, in this form, may be very relieving and useful. Watch the effect.

Shed C.

In acute mania, sometimes

cold douche

For lost balance in circulation & functional action of brain — we need always time & favorable circumst. of tranquility & general health. not much medicine — none except for symptoms, as they present.

When atrophy of the brain is presumed, as in chronic insanity, improvement of the nutrition of the whole body, with the most favorable, varied, gentle exercise of the brain, must be aimed at. Good diet, — sunshine, outdoor exercise, passive or active according to strength, agreeable diversions, — all that a well-ordered asylum or hosp. for insane can afford.

"Moral treatment." — Long detention.

non-restraint; — not ultra-absolute.

Prognosis — .50 cured first time — less in the end.

REPORT

OF THE

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FOR

THE YEAR 1875.

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JACOB P. JONES,
ALEXANDER BIDDLE,
JOSEPH B. TOWNSEND,
JOSEPH C. TURNPENNY,
T. WISTAR BROWN.
HENRY HAINES.

TREASURER.

JOHN T. LEWIS.

PHYSICIAN IN CHIEF AND SUPERINTENDENT.

THOMAS S. KIRKBRIDE, M.D.

Department for Males.

ASSISTANT PHYSICIAN.
S. PRESTON JONES, M.D.

2D ASSISTANT PHYSICIAN.
WM. H. BARTLES, M.D.

3D ASSISTANT PHYSICIAN.
FRANK F. CORSON, M.D.

STEWARD.
GEORGE JONES.

MATRON.
HANNAH P. SAGER.

Department for Females.

ASSISTANT PHYSICIAN.
WILLIAM P. MOON, M.D.

2D ASSISTANT PHYSICIAN.
ROBERT J. HESS, M.D.

STEWARD.
JOSEPH JONES.

MATRON.
ANNE JONES.

Letters relative to the admission of patients may be addressed to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia;* or if specially for "The Department for Males," to Dr. S. PRESTON JONES.

Letters or small packages for any of the officers or patients may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia; but letters come more promptly through the Post-Office.

Direct Telegraph Office, No. 107 South Third Street, 2d story.

Entrance to "the Department for Males," on 49th Street, between Market and Haverford Streets.

Entrance to "the Department for Females," on Haverford Street, near 44th Street.

CONTENTS.

APPENDIX.

PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

In obedience to the By-Laws of the PENNSYLVANIA HOSPITAL FOR THE INSANE, the undersigned presents to its Board of Managers his thirty-fifth Annual Report.

At the date of the last report, there were 416 patients in the Institution; since which 268 have been admitted, and 265 have been discharged or have died, leaving 419 at the close of the year.

The total number of patients in the hospital during the year was 684. The highest number at any one time was 450; the lowest was 406; and the average number under treatment during the whole period was 430; 208 males, and 222 females.

The number of males in the hospital during the year was 356, and the number of females was 328. The highest number of males at any one time was 221, and the highest number of females 236. At the beginning of the year there were 204 males, and 212 females. At this date there are 201 males, and 218 females. The number of males admitted during the year was 152, and the number of females 116.

Of the patients discharged during the year 1875, were

	Males.	Females.	Total.
Cured	61	51	112
Much Improved . .	14	13	27
Improved . . .	27	12	39
Stationary . . .	29	15	44
Died	24	19	43

Of the patients discharged "cured," fifty-three were residents of the hospital not exceeding three months; thirty-one, between three and six months; twenty-three, between six months and one year; and five, for more than one year.

Of those discharged "much improved," seven were under treatment less than three months; eight, between three and six months; seven, between six months and one year; and five, for more than one year.

Of the "improved," fifteen were under care less than three months; ten, between three and six months; eight, between six months and one year; and six, for more than one year.

Of those discharged and reported "stationary," nine were under care less than three months; nine, between three and six months; ten, between six months and one year; and sixteen, for more than one year.

Twenty-four males and nineteen females have died during the year. Of these deaths, nine resulted from acute mania; four, from general paralysis; one, from acute melancholia; eight, from the exhaustion of chronic mania; four, from pulmonary consumption; three, from epilepsy; four, from paralysis; one, from

old age; two, from suicide; one, from the effects of a fall; one, from disease of the heart; three, from apoplexy; one, from inflammation of the brain; and one, from erysipelas.

Of the patients who died, nineteen were admitted for mania; ten, for melancholia; one, for monomania; and thirteen, for dementia.

Of those who died, four were in the house less than one week; nine, less than one month; five, were less than three months; three, between three and six months; nine, between six months and one year; and thirteen, for more than one year. Of these last, two had been in the hospital between twelve and fifteen years; three, between fifteen and sixteen; and one, thirty-two years.

Statistical Tables.—As usual, the statistical tables given in this report, embrace all the cases admitted into the institution since its opening, in its present location, on the first day of 1841. The cases previously treated, during nearly ninety years, in the Pennsylvania Hospital at Eighth and Pine Streets,

which can be accurately tabulated, that the careful preparation of statistics should never be omitted, and their publication can hardly fail to be useful to those engaged in philosophical inquiries on the subject of insanity and the care of the insane." The tables originally adopted in these reports, with one or two exceptions, have been continued. They correspond mainly with the form recommended by the distinguished Chairman of the Committee on Statistics of the Association, the work of each separate year, for each table, being readily obtained by taking the difference of the aggregate for any one year, from that which preceded it.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of the year.*

	Males.	Females.	Total.
Admissions	3831	3336	7167
Discharges	3630	3118	6748
Remain	201	218	419

TABLE III.—*Showing the occupation of* 3831 *male patients.*

Farmers	438	Hairdressers	2
Merchants	373	Police Officers	10
Clerks	379	Machinists	81
Physicians	85	Plane-maker	1
Lawyers	85	Iron-masters	2
Clergymen	43	Weavers	36
Masons	27	Bricklayers	15
Umbrella-makers	6	Brick-makers	6
Printers	40	Sail-makers	7
Teachers	47	Coopers	4
Officers of the Army	10	Jewellers	22
" " Navy	16	Potters	2
Students	72	Chair and Cabinet makers	40
" of Medicine	18	Blacksmiths	44
" of Law	10	Watchmakers	10
" of Divinity	10	Hotel Keepers	51
Saddlers	16	Second-hand dealers	4
Peddlers	19	Cap Manufacturer	1
Tobacconists	29	Locksmiths	3
Carpenters	138	Millers	18
Bakers	19	Glassblowers	3
Seamen and Watermen	64	Wheelwrights	8
Planters	32	Gardeners	22
Manufacturers	84	Chemists	5
Coachmen	8	Print Cutters	2
Druggists	37	Curriers	2
Laborers	288	Tailors	47
Engineers	21	Shoemakers	102
Plasterers	19	Brokers	12
Bank Officer	1	Waiter	1
Conveyancers	8	Stove-makers	3
Bookbinders	15	Dentists	3
Hatters	9	Victuallers	18
Rope-makers	3	Soldiers U. S. A.	19
Tinmen	21	Brewers	3
Painters	33	Coach-trimmers	2
Brush-makers	2	Auctioneers	2
Paper-hangers	2	Plumbers	6
Boat-builder	1	Type Founders	3
Carvers	4	Telegraph Operators	4
Confectioners	14	Whip-maker	1
Coach-makers	9	Silversmiths	3
Public Officers	6	Photographer	1
Shipwrights	2	Wire-worker	1
Collectors	2	Upholsterers	4
Nurses	2	Drovers	5
Soap-maker	1	Brass Founder	1
Contractors	5	Pattern-maker	1
Authors	4	Comb-maker	1
Editors	4	Grocers	6
Railroad Conductor	1	Cigar-maker	1
Apprentices	3	Glove-makers	2
Musicians	4	Errand boys	3
Coppersmith	1	Engraver	1
Tanners	6	Electrician	1
Artists	23	Reporters	2
Dyer	1	No occupation	551

TABLE IV.—*Showing the occupation of* 3336 *female patients.*

Seamstresses or Mantua-makers	308
Storekeepers	28
Attendants in stores	28
Cigar-makers	4
Teachers	94
Domestics	311
Nurses	26
Artists	5
Factory Girls	15
Physician	1
Sister of Charity	1
Clerks	5
Actress	1
School Girls	3
Hairdresser	1
Of the *Single* females, not pursuing a regular occupation, were—	
Daughters of Farmers	151
" Merchants	194
" Masons	4
" Bank Officers	9
" Weavers	19
" Laborers	25
" Sea Captains	5
" Auctioneer	1
" Innkeepers	10
" Teachers	14
" Carpenters	17
" Paper-makers	2
" Physicians	18
" Planters	33
" Watchmaker	1
" Curriers	3
" Clerks	38
" Engineers	3
" Clergymen	25
" Miller	1
" Public Officers	22
" Officers of Army	2
" " Navy	1
" Lawyers	29
" Machinists	7
" Bricklayers	2
" Chair-makers	2
" Manufacturers	15
" Tailors	8
" Waterman	1
" Bakers	4
" Printers	8
" Shoemakers	5
" Druggists	3
" Artists	3
" Brick-maker	1
" Blacksmiths	2
" Musician	1
" Dentists	4
" Victualler	1
Daughters of Saddler	1
" Coach-makers	4
" Contractor	1
" Tinman	1
" Mason	1
" Hatter	1
" Publisher	1
" Painter	1
Of the *Married* similarly situated, were—	
Wives of Clerks	99
" Teachers	22
" Farmers	245
" Brass Founders	4
" Gardeners	6
" Saddlers	5
" Printers	10
" Machinists	37
" Masons	6
" Painters	3
" Stage Owners	2
" Cutler	1
" Bank Officers	13
" Innkeepers	37
" Bookbinders	4
" Tinmen	4
" Editors	6
" Plasterers	4
" Engineers	17
" Artists	11
" Bricklayers	2
" Paper-makers	2
" Collectors	5
" Brick-makers	6
" Seamen	13
" Merchants	221
" Physicians	20
" Lawyers & Judges	47
" Shoemakers	41
" Hatters	6
" Cabinet-makers	20
" Laborers	193
" Grocers	8
" Clergymen	31
" Tobacconists	10
" Weavers	17
" Sea Captains	4
" Victuallers	11
" Brush-makers	2
" Tailors	23
" Millers	9
" Police Officers	10
" Carpenters	49
" Druggists	15
" Planters	14
" Peddlers	7
" Manufacturers	61
" Brokers	2

TABLE IV.—*Continued.*

Wives of Tanners	12	*Widows* of Farmers	63
" Musician	1	" Coopers	3
" Conveyancer	1	" Laborers	41
" Officers of Army	9	" Manufacturers	15
" " Navy	3	" Lawyers	7
" Plumbers	3	" Carpenters	7
" Blacksmiths	11	" Clerks	16
" Bakers	4	" Tanners	2
" Waiters	3	" Teachers	2
" Confectioners	3	" Planters	6
" Hairdressers	2	" Bricklayers	2
" Contractors	5	" Painters	2
" R. R. Conductors	5	" Seamen	7
" Dentists	5	" Engravers	2
" Watchmakers	5	" Engineers	5
" Public Officers	6	" Machinists	6
" Brewers	2	" Masons	2
" Optician	1	" Printer	1
" Iron-master	1	" Blacksmiths	2
		" Bakers	2
Of the *Widows* similarly situated, were—		" Druggists	2
		" Musician	1
Widows of Merchants	64	" Interpreter	1
" Physicians	15	" Tailor	1
" Public Officers	11	" Dentist	1
" Sea Captains	7	" Tinman	1
" Hotel Keepers	6	" Confectioner	1
" Shoemakers	23	" Silversmith	1
" Clergymen	5		

TABLE VI.—*Showing the nativity of* 7167 *patients.*

Natives of	Pennsylvania .	3826	Natives of	England . .	297
"	New Jersey .	342	"	Scotland . .	43
"	Delaware .	163	"	Ireland . .	897
"	Maryland .	208	"	Germany . .	384
"	Virginia . .	96	"	Poland . .	9
"	North Carolina	63	"	Prussia . .	14
"	South Carolina	55	"	Switzerland .	7
"	Georgia . .	30	"	Bermuda, W. I.	2
"	Alabama . .	17	"	Jamaica, "	2
"	Tennessee .	24	"	St. Domingo, "	4
"	Indiana . .	10	"	Barbadoes, "	4
"	Kentucky .	33	"	Cuba, "	13
"	D. of Columbia	19	"	Guadaloupe, "	1
"	Maine . .	20	"	Martinique, "	1
"	Massachusetts .	88	"	St. Croix, "	1
"	Connecticut .	44	"	St. Thomas .	2
"	Missouri . .	15	"	Isle of Madeira	1
"	Ohio . .	47	"	Isle of Man .	1
"	New Hampshire	10	"	Spain . .	3
"	Louisiana .	24	"	Italy . .	3
"	Rhode Island .	12	"	Denmark .	3
"	New York .	224	"	Holland . .	4
"	Mississippi .	11	"	Russia . .	1
"	Vermont . .	7	"	Austria . .	4
"	West Virginia .	4	"	Bavaria . .	4
"	Michigan . .	2	"	Venezuela, S. A.	1
"	Iowa . .	1	"	Norway . .	1
"	Texas . .	4	"	Japan . .	1
"	Illinois . .	6	"	Costa Rica .	2
"	Florida . .	3	"	St. Kitts . .	1
"	Sicily . .	1	"	Mexico . .	1
"	Nova Scotia .	2	"	Brazil . .	1
"	Canada . .	17	Born at Sea	. . .	1
"	France	25			

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions	Discharges.	Cures.	Deaths.
1st month	575	576	246	81
2d "	532	400	200	63
3d "	620	506	244	72
4th "	710	527	250	83
5th "	718	615	296	90
6th "	696	582	283	54
7th "	600	635	318	80
8th "	561	605	302	87
9th "	554	602	307	82
10th "	560	595	315	69
11th "	526	549	271	62
12th "	515	556	292	71

EVENING ENTERTAINMENTS, OCCUPATION, AND AMUSEMENT OF THE PATIENTS.—With one or two exceptions, little change has been made during the last year, in the modes heretofore adopted for the occupation and amusement of the patients, either by day or in the evening. The right principle has been fully established, and the manner of carrying it out, which has been chosen, has resulted so satisfactorily, that only slight modifications, that may add to the variety are likely to occur. With the advantages that are so obvious,, it can scarcely be believed that those in authority will ever permit any retrograde movement. Whatever change is made, must now be an advance. It is to be hoped that this will be continually occurring, for it is hardly possible that any hospital can remain stationary. If it is found to be making no advance in its character, and in its facilities for treating the patients, and adding steadily to their comfort and happiness, it cannot be long before it will be discovered that it is retrograd-

ing, and the downward course once begun, it is quite certain that the movement in that direction will go on with an accelerating rapidity.

Libraries & periodicals also.

During the past seven years, at one department, for nine months of each year, there has never been a single evening on which there was not some form of entertainment, occupation, or amusement. These were generally lectures, readings, concerts, exhibitions of varied kinds, gymnastic exercises, or social parties, in which a large proportion of all the patients were able to participate, and the same was the case on three or four evenings of every week, of the remaining three months of the warmest weather, which continue to be regarded as a form of vacation. At the other department of the institution, nearly the same programme has been carried out very satisfactorily. These entertainments interfered in no way with the great variety of games and other means of passing the time in the wards.

It has been suggested, that patients would be likely to become tired of the frequency of these entertainments, but in practice such has not been found to be the case. I venture to say, that no one who has made a determined trial of having something going on, every evening of the week, for one or two years, will ever be willing to relinquish it. It is not the patients who are likely to become tired of such a course, as we and others have so successfully demonstrated, for except with that class, who take little interest in anything, there is, with all, a steady desire for constant and varied means of passing the hours that intervene between twilight and bedtime, and that

generally seem so long and dreary. Those who are more likely to become wearied with all these modes of occupation and amusement, are the persons who are employed to have the immediate care of the patients, and who may have private objects that are more interesting to them. But even these may be gradually educated up to an appreciation of these efforts to divert and instruct those under their care, and from being indifferent, will often be found to become as much interested as any, in what is done in the lecture rooms or amusement halls. At any rate all, in every position, should be taught that hospitals are provided for the benefit of the patients, that private feelings or wishes that interfere with this great and paramount object must be banished unhesitatingly, and that nothing of the kind can be allowed to have weight, in deciding upon the propriety or expediency of adopting any measure that may be deemed desirable.

The light gymnastics, for which the hall, bearing that name, was specially provided, have been continued regularly for eleven years with undiminished interest and usefulness.

In connection with these evening entertainments, special reference must be made to the admirable course of readings, which has been given as often as once a week, during a large portion of the entire year, by the same gentleman to whom we were under similar obligations the last season. These readings have been specially enjoyed by the patients, and our thanks are eminently due to this gentleman, who has so often put aside other invitations, to minister to the entertainment of the inmates of the hospital.

To him, and to the many other friends who have aided us in adding to the interest and variety of our evening entertainments, we again feel under great obligations.

The officers' tea-parties, which are given once a week during the entire year, taking every ward in rotation, and to which all are invited, who are capable of enjoying them without interfering with the pleasure of others, have been continued with obviously good results. Even those who are specially obtuse as to the relations and feelings of the officers towards the patients, very often express gratification, and acknowledge a new light dawning upon them, when they so often find all the officers and their families giving up whatever private engagements may have been tendered them, in order to be present at these social gatherings. To make these parties still more attractive, one of the finest rooms in the second story of the centre building of the department for males has been given up to be used as the officers' dining and party-room, and at the department for females, the old dining-room, used for the same purpose, has been greatly improved. The iron column formerly standing near the centre of the room, has been removed, and the necessary strength given to the girder above by iron beams bolted to it, the ceilings have been re-plastered, the walls painted, and various other improvements made, that render it very handsome and attractive, and giving abundant room at table for forty-five guests.

While the men enjoy the more active kinds of open-air exercise, athletic games, work in the garden and

grounds, and now and then mechanical pursuits, the women have advantages in riding inside and outside of the inclosure, in sewing, and in the various kinds of fancy work, in which so many take an interest. The best forms of occupation, or of amusement, are those which most thoroughly take the attention of patients from themselves. Whatever has banished a delusion from the mind of a patient for a single hour has done a work, whose value is not always easily calculated, and if for the first time, it has made the way more easy for another lucid interval.

There are many on whom mechanical occupations have a specially favorable influence in this way, although it must be conceded that even among men, there are difficulties not readily surmounted, where it is proposed they should be used by any considerable number.

A few attempts to introduce mechanical occupations among women, have seemed to me quite successful enough, to justify a moderate extension of them. What the result will be, we shall be able to state hereafter.

When the North Fisher Ward was built, the basement on the south side, a pleasant, well-lighted, and cheerful room, but little below the level of the ground, fifty-two by ten and a half feet in size, was reserved for this purpose, and also with the intention of fitting up a small kitchen, where not only the ordinary dishes for the sick might be prepared, but other cooking done as might be deemed advisable. It is proposed to make this both a school and a form of agreeable and useful occupation for a limited num-

ber of patients, who have taste and skill in such matters. Cooking is an art, and properly done, renders most valued assistance to the physician in the treatment of the sick. Many patients have a great fondness for this kind of occupation. Everybody acknowledges the importance of the thorough education of nurses, but the training of nurses can only be secured efficiently, while they are engaged in taking care of the sick, and under proper supervision. Good cooking for the sick is an indispensable accomplishment for a good nurse. It is hoped that this kitchen will be the means of qualifying many for greater value as nurses, and a higher appreciation of this branch of their most useful vocation. It is intended to use gas exclusively for all cooking purposes in this kitchen.

The mechanical portion of this department will consist of the fancy wood sawing,—which has been so successfully carried on for some time, and of which so many beautiful specimens ornament our wards,—of turning in wood, of printing, and of some other simple kinds of mechanical employment.

This department is named after one of the men with whom originated the Pennsylvania Hospital, who was one of its first managers, and who always took an active and wise interest in promoting its welfare. Specially interested in everything that contributed to the happiness and prosperity of mankind, he was strikingly so, in all kinds of mechanical pursuits and useful occupations. A mechanic and a working man himself, working with his own hands, as well as his mental faculties, he had a high

esteem for those who adopted this means of being useful to their fellow-men. The "Franklin Work-room," it is hoped, in its results, will do no discredit to the truly great man with whose name it is identified.

It is with mechanical pursuits for the patients, in a hospital for the insane, as it is with most of their occupations and amusements, and especially with whatever is a little out of the ordinary routine. They can only be made successful by a firm determination on the part of the controlling authority, that they shall be. This always involves a large amount of personal labor and attention, but rarely fails to give compensating results. Every new work and every new scheme of occupation or amusement must be placed in charge of one who can take a pride in it, appreciate its importance, and work faithfully for its success, but no matter in whose care it is placed, it will be found that nothing can compensate for the active supervision and interest of the head of the institution, and his associate officers.

Occupation for the Insane.—Those who have been much with the insane, cannot have failed to recognize that one of the most difficult problems to solve satisfactorily, is how to provide suitable occupation for the large number who do nothing, unless assisted in some way by those to whose care they have been confided. Beginning at the time when they leave their beds, occupation is found in preparing for breakfast and partaking of that meal, but a single hour does not elapse after this is

finished, before the necessity of a directing head is obvious to any one, who makes a critical examination of the wards of an institution. A few, it is true, who have been accustomed to such duties, find employment in assisting to put everything in order, in doing their own private work, or in reading or writing, but a very great majority will be found without anything to do, unless work is brought to them, and special pains taken to induce them to engage in it. The attendants proper, at this time, are particularly occupied with the work of the ward, and cannot give much personal attention to the patients. It is just here that the presence of supervisors and companions, if gifted with the proper kind of activity, intelligence, and enthusiasm in the work, becomes specially valuable. They suggest and start a dozen different modes of preventing the listlessness that begins to manifest itself within doors. Outside exercise now becomes important, and being in the open air is, of itself, of great value. Every hospital should be provided with a large extent of dry walks, with pleasant grounds, objects of interest, and resting places, so that when nothing else is found to be available, nearly the whole household may be taken out for exercise in the open air, for at least an hour, in all kinds of weather, when it is not absolutely storming. The general appearance of the patients, before starting out and when they return, is sufficient to prove to any one the good that has been done. This improved state will continue a longer or shorter period. The parlors and wards will now have had all the benefit to be derived from a natural ventilation

and the absence of their occupants, and for a certain time, everything will seem comfortable. In a couple of hours or so, however, there will be indications of a return to the inactive, sleepy, indifferent state which existed before the patients first went into the open air, or it may be, an excitement that was calmed by the first walk, now returns. It is then desirable that instead of waiting till afternoon, there should be a repetition of the same kind of out-door exercise and, even if for a shorter period, it will be found to have brought a majority of all the patients to a comfortable, wakeful state up to the hour for preparing for dinner. This meal, if of good quality, properly prepared and nicely served, will be an attractive part of the day's occupation, a real tranquillizer, and for an hour afterwards there will be very striking indications of a contented state of mind and body. At the end of this time, there should be the same emptying of the wards, and after a longer or shorter period of more or less active exercise in the open air, the patients will return to their halls, in a brighter and better condition than when they left them, and this will carry them through to supper. Partaking of this meal, preparing for the evening entertainment, and discussing it afterwards, will bring those who find nothing for their hands to do, to the early hour of retiring, which is so generally and properly adopted in hospitals. What has been suggested, it will be observed, is for the great mass of the patients, is available for nine-tenths of the whole number in a hospital, and does not interfere with the many other and varied means of amusement

and occupation which should be possessed by every institution. There cannot be too many of these, nor of too varied a character, for as tastes vary, so must the means of gratifying them. We often have illustrations how modes of occupation, that could hardly have been supposed capable of interesting any one, have seemed to be the starting point of convalescence. For this reason we are always anxious to introduce everything that gives any chance of interesting even a very limited number. The occupation, exercise, and mental employment adverted to above, have their special value as being available, as already stated, for nearly all. Riding outside and inside the inclosure, visits to places of interest, mechanical occupations, labor on the grounds and in the gardens, can be used by comparatively few, and yet their results are strikingly perceptible in many ways.

These views of what is necessary to be done to keep chronic cases, especially, from sinking into a still lower mental condition, also show how important is the provision of the very extended dry walks to which I have so often alluded, in connection with every hospital for the insane. The number who can labor profitably to an institution and advantageously to themselves, is comparatively small. Even those who do labor, must be carefully watched, to prevent harm or injustice being done. This is especially so with recent cases. The working energy given by mental disease is often far beyond what is desirable for the patient. Walking and riding, however, are nearly always safe and available for almost every one

of every class not actually confined to the house by acute sickness. For those who are unable to walk, good roads inside the grounds, with suitable vehicles and gentle horses, donkeys, or ponies that can be driven by almost any one, give a valuable resource for passive exercise and the benefits of being in the open air. Whatever a hospital can do to carry out more thoroughly and pleasantly any of these means of occupation is real progress.

Fairmount Park and the Centennial.—I have heretofore spoken of the great advantage Fairmount Park is likely to prove to this Institution. Every year demonstrates this more and more strikingly. Near enough to be enjoyed by pedestrians as well as those who ride in carriages, it always offers a great variety of objects of interest, with scenery that can hardly be surpassed in beauty. Paved streets leading directly to it from both departments, an abundance of good roads, are readily secured at all seasons, and such a variety of drives as to prevent anything like monotony.

The year just closed has made the Park a special object of interest. The preparation for the great Centennial has made novelties for almost every day, and the wonderful changes which every week has shown have been never-failing subjects for conversation. Our patients have participated with all good citizens in their deep interest in this grand work. They have felt all the gratitude which is due to those who have so generously given their time, talents, and money to secure its triumphant

completion, and all the anxiety for its perfect success, that should come from every one actuated by pride of country or an appreciation of the humanizing results that must proceed from it.

The coming year, with the Exposition itself in operation, will present an amount and variety of subjects of interest such as have probably never before been gathered together, and certainly were never so admirably situated, to be made available for the instruction and gratification of the inmates of a hospital for the insane,—a drive of ten minutes or a moderate walk bringing them directly to the Exposition buildings.

Increase of Medical Officers. — Each department, having had its average number above two hundred for some years past, an additional assistant physician has been given to each hospital, as recommended by the Association of Superintendents, so that there are now six medical officers connected with the Institution. This gives an opportunity for more personal intercourse with the patients, more frequent and longer visits, a more active and efficient supervision of the wards, a more prompt attention to the friends of patients, and a better study and record of cases.

Improvements.—The improvements made during the year have mainly consisted in putting in thorough repair all the fences inside of the inclosing wall,—and which had been in use for several years—in painting them, and also many portions of the hospital build-

hardly a State that has not commenced the work and has not a hospital. Some have several. Three or four have already very nearly provided for all their insane, and others are steadily going on in the same direction with every prospect of its early accomplishment. The general government has set a liberal example in this particular, and is evidently about to furnish abundant accommodations for all the insane of the army and navy and of the District of Columbia.

In the matter of economy, so much discussed by politicians, as well as philanthropists, it is hoped that we are gradually approaching the time when every body, every intelligent inquirer certainly, will acknowledge that it is better to cure those afflicted with insanity than to keep them as incurables, and that the best-constructed, best-arranged, and best-managed hospital is always cheapest in the end.

The absolute abolition of the cruel forms of restraint formerly so common, with the substitution of the gentler means of control now so generally adopted, also belongs to the period under consideration. The rule in this country now is, that mechanical restraint only of the mildest kind is ever to be used, that it is very rarely required under any circumstances, and that, when used, it is to be under the direction of the highest authority in the hospital only, and limited to the very shortest periods. Nevertheless, while the employment of mechanical means of restraint is regarded as an evil, and liable to great abuses, it is still believed that in certain conditions of a very limited number of the insane, it may be the smaller of evils.

It is felt that a properly qualified superintendent is better able to judge of the propriety of its use in these exceptional cases than any one else, or any body of non-professional men, and that any one who is not competent to do this, is hardly fit to be intrusted with the care of the insane and the direction of a hospital.

While of a hundred patients, ninety and nine may present no reason for the use of mechanical restraint, the fact that it may save life and prevent suffering in the hundredth, is deemed sufficient to keep us from insisting on its entire rejection, in order, that an absolute rule—no matter by how high authority, it may be promulgated—may be sustained. There is certainly good reason to believe that, in a very large proportion of all our institutions, the amount of real restraint, so far as the best interests of the patients are concerned, is as little, as in any country, and with perhaps, still less of the objectionable substitutes, which there is always danger to apprehend may be employed in the place of the occasional use of mechanical restraint. It is certain, that the records recently made by the highest official authorities in England and Scotland, show an aggregate of accidents and injuries, including loss of life, and of kinds and varieties rarely known here, which will hardly tempt us to allow any such absolute rule, to take the place of a wise and humane study of the necessities of each particular case.

In the care of the insane, as in many other things, novelties are not here always regarded as improvements. Many suggestions, good in principle, that

work well in most cases, are sadly deficient when applied to all. While it is pleasant to speak of treating insanity without "restraint," and as at "home," the reality can never be this. Mechanical restraint can anywhere be abolished, if it is deemed right that it should be, but restraint of some kind, is implied in the fact that the insane are placed under the care and control of others. Home discipline and home treatment are always tried, and have always failed before a hospital is resorted to. Windows without guards, and doors without locks, may anywhere be adopted, if we choose to do so, and take the consequences, but the unnecessary loss even of a single life, or the permanent maiming of one person, which sooner or later is sure to occur from such a course, will be sufficient to make the thoughtful ask, whether enough has been gained by this plan, to counterbalance the painful occurrences which must frequently result from it.

It is quite possible to have no mechanical restraint and the grossest cruelties, as it is to have a rational and rare employment of restraint, and the utmost kindness, gentleness, and everything that could be desired. Is mechanical restraint then desirable? Certainly not. Things are sometimes necessary that are not desirable in themselves. Brandy and opium are most undesirable when they can be avoided, and yet often they are undisguised blessings. The use of the knife is a confession of weakness, as the cure of diseases, without an operation, is the highest triumph of the surgeon's skill, and yet not to use the instrument, when it is indicated, is an acknowledg-

ment of a want of decision, or of an unwillingness to do what is best for the patient, from a fear of popular prejudice against it.

The disinterested and self-sacrificing labors of individuals, men and women, in ascertaining the condition of the insane in the receptacles in which they were formerly confined in large numbers, their eloquent appeals for legislative action in their behalf, and the noble results of these applications, ought not to be passed over, even in the briefest record of what has been done for the insane, in the period under notice, either in justice to those who have worked so faithfully, or as one of the highest forms of encouragement to others for labor of a similar character, in this, one of the most exalted fields of benevolence.

A centennial retrospect of what has been done for the insane in the United States—while it may gratify us all, as citizens of this country and friends of our race—will do but a small part of its proper work, if it does not make us search out our still existing deficiencies, and stimulate to activity our good resolutions, to do our full share in starting fairly, the record that will be made by those who come after us at the end of another century. The field for labor will always be abundantly wide, and no intelligent work in it, will ever fail to have its reward.

Importance of a frequent declaration of Principles.—To those who read the reports emanating from the various Hospitals for the Insane,

ought never to be sent to the wards of an ordinary State hospital, it requires no argument to show, that until this separate provision is made, their condition must be what is neither right nor creditable to the State.

It is pleasant to be able to state that no hospital for the insane has been commenced in this State, nor, so far as I know, in any other, nor is likely to be, without a full and practical recognition of the abundant experience that has been had in regard to heating and ventilation. While the authorities of other classes of institutions still seem to be in an unfortunate state of doubt on these subjects, the insane are likely to have every advantage, which our present knowledge will permit. The experience of the last twenty years seems to me to have fully confirmed the original proposition of the Association of Hospital Superintendents, that in no way can heat be furnished and thorough ventilation be secured, so comfortably and so completely as by the use of steam or hot water, and by a fan driven by a steam-engine prepared for that special purpose. The matter of heating and that of ventilation should never be separated. Neither is perfect without the other, and they should not be discussed as separate questions.

The presence of a steam-engine and fan constantly in motion, seems, very often, to give the idea of an expensive power being used to produce all these movements, that are ever before us; while a heated shaft, which is out of sight and presents no mechanical movement, is liable to impress one with the idea

that it is using no power, as it does its silent work. This is a deception. If no power is used, no work is done.

in its borders. What they have done for a part must be done for all, and this is demanded by their whole history, by a wise economy, and the urgent claims of a common humanity.

In the report of last year, allusion was made to a commission appointed by the legislature of Pennsylvania, to inquire into the condition of the criminal insane of the commonwealth, and to make report to the legislature what is necessary to secure proper provision for them, and, if the commission should decide in favor of a separate institution for these criminal insane, to report a proper location and plans, and the probable cost of the same.

This commission, after a full consideration of the subject, reported, with entire unanimity, that no class of the insane should be kept either in prisons, jails, or almshouses, and, for the criminal insane, it was recommended that they should be received and treated in a new institution, to be specially built for the purpose, located in a central portion of the State, and easily accessible by railroads from all parts of the commonwealth. After enumerating the classes to be received into this new institution, the commission presented a plan for the same, which, while giving accommodations for one hundred patients, they believed, with a very rigid economy, might be built for one hundred and fifty thousand dollars. It is to be regretted that the legislature did not act on these suggestions at its last session, and it is greatly to be desired that the subject should receive that early and intelligent consideration which its importance so urgently demands. As this criminal class

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DANGERS FROM NEGLECT OF THE INSANE.—Having thus very briefly discussed the question, whether any but the insane are likely to be received into institutions provided for the treatment of this class of the afflicted, the transition is natural to the question, whether there is no loss in neglecting the care of those who have mental diseases, and whether there is no danger incurred from those thus affected not being sent to hospitals, or being left without proper attention and unrestrained in their movements. The first of these questions is readily answered, as all experience goes to show, that properly treated, insanity is, in its early stages, in a large proportion of all the cases, a curable disease, and that, allowed to become chronic, it is exactly the reverse. The second question may be answered by the simple statement of the fact,—which can hardly have escaped the notice of any one who carefully observes passing events, and which can be readily verified,—that during a little more than one year, in a single newspaper coming under my own observation, there have been recorded very nearly one hundred cases in which lives have been lost, or placed in the greatest jeopardy, owing to persons laboring under

page. Many persons, too,—dreading an attack of insanity, or suffering from the incipient stage of it, or from a general disordered condition of the nervous system,—ask to have the benefits of the hospital, but they come to it as they would go elsewhere for medical advice and as they would enter an ordinary boarding-house; and they leave it whenever it is their pleasure to do so; so that they can hardly be regarded as the ordinary insane, nor can they in any sense be said to be restrained of their liberty. With these explanations, there are no qualifications to be made to the statement that, after the most careful inquiry, I believe there is no ground for the belief that any sane person has ever been admitted into, and restrained of his liberty in any Pennsylvania institution intended for the care and treatment of the insane.

There may be exceptions, but I believe it to be safe to say, that in nearly all the cases considered doubtful or reported as not insane, that have been before the courts in this country,—where they have been carefully followed up for any long period,—the opinions of experts have been fully justified by subsequent events. In some of the most conspicuous of these, there have been found a continued development of

insanity, being left unrestrained and unguarded in their movements. A large proportion of all these,—I believe far more than a majority,—might have been saved had the warnings which, to those familiar with such cases, were clear and unmistakable, been heeded; while the consequences of neglect are irreparable and often destructive to the happiness of whole families. This simple statement of facts, without any allusion to the unfortunate effects upon entire households, from the continued presence of these cases, and the loss of property incident to incapacity for business management, is enough to show that this is no trifling question, and that a fearful responsibility is incurred by those who in any way contribute to this state of things. This subject certainly deserves much more attention than it receives, for while every supposed case of unnecessary restraint is abundantly commented on, these terrible catastrophes,—without furnishing one or more of which scarcely a week passes,—rarely receive more than a passing notice; few journalists apparently deeming it important to show their readers the inferences naturally deducible from them, and which must possess a deep interest to the whole community.

secure the success of this undertaking, and who have in so many ways, used their kind influence in advancing its usefulness. It is only right that they should, now and then, have presented to them a statement of what has resulted from their kind acts and generous contributions. These results, it is to be hoped, are such as will abundantly satisfy all with what they have already done, and serve to stimulate others to follow their example in the future.

When it was first opened here, the Pennsylvania Hospital for the Insane, in its original building, had accommodations for not more than 140 patients. It can now receive, with greatly improved arrangements, 470 patients. In the period alluded to, there has been a complete remodelling of the Department for Females, the introduction of all the modern conveniences that were originally omitted, and of a better style of furniture, the substitution of gas in place of oil for lighting, a removal of all the hot air furnaces and the adoption of a complete system of heating by steam, while the apparatus for supplying water and all the laundry machinery, have been changed from horse to steam power. Four miles of carriage roads and as many of footwalks, have been

THE following are the forms for Physicians' Certificates, for the application for admission, and the Bond that is to be executed before the order of admission is given.

CERTIFICATE OF PHYSICIANS.*

We certify that after a personal examination of —— made within one week of the date of this certificate, we find ——— to be insane, and a proper subject for hospital treatment.

——————— M.D.

——————————, 1876.

——————— M.D.

——————————, 1876.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I certify that the foregoing certificate was duly acknowledged and ——— to before me, this ——— ——————— of ——————— 1876, that the signatures thereto are genuine, and that the signers are physicians of respectability.

——————————— [L. S.]

APPLICATION.

I request that the above-named ———— may be admitted as a patient into the Pennsylvania Hospital for the Insane.

——————————.

——————————— 1876.

☞ To be signed by a guardian, near relative, or friend.

* As required by the law of Pennsylvania, approved April 20th, 1869.

OBLIGATION.*

In consideration of ——— being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "the Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, ——— dollars ——— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient—to pay for all glass or furniture broken or destroyed by said patient; to remove ——— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician before the expiration of three calendar months, to pay board for thirteen weeks.†

Witness our hands the ——— day of ———, 1876.

——————— [L. S.]

——————— [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* This obligation to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

† If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded, unless that time should be less than four weeks, for which period, board is always required.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," *are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.*

QUESTIONS.

1. What is the patient's age?

Married or single?

If children, how many?

2. Where was the patient born?

Where is ——— place of residence?

3. What have been the patient's occupation and reputed pecuniary circumstances?

4. When were the first symptoms of the disease manifested, and in what way?

5. Is this the first attack? if not, when did others occur and what was their duration?

6. Does the disease appear to be increasing, decreasing, or stationary?

7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?

8. Have any changes occurred in the condition of mind or body since the attack?

9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?

10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation?*

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease? to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind, and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.

ings. I have already alluded to the great change made in the officers' dining-room at the Department for Females. The foot-walks throughout the grounds, especially those made of boards, have been put in thorough order, and 1321 feet of new board walks have been put down in the lawn to the east of the North Fisher Ward, a portion of the grounds especially desirable for invalids, from its exposure to the sun, protection from the prevalent winter winds, and the pleasant views from the mound and summer-house on it, the latter of which was erected during the year 1874. This land was formerly the deer park, but it was always too contracted, and had too little shrubbery in it for that purpose, and the substitution of a small flock of Southdown sheep in place of the deer, has, on the whole, not diminished the attractiveness of this locality. In the Gymnastic Hall, which for eleven years has been so useful to us in our evening arrangements, the walls have been painted, and other improvements made.

Municipal Improvements.—The improvements in this vicinity, under direction of the city authorities, continue to involve the Institution in a large outlay of money. The culvert across Market Street having been placed above the bed of Mill Creek, made necessary the filling up of a portion of the meadow, which was, from this cause, covered with water. The filling up of the foot-walks on the same street, between the two buildings, requiring nearly 7000 cubic yards of earth, and the paving of the foot-walks opposite the Department for Males have been

completed. The amount expended on these two objects, during the year, is rather more than $3000. The jury to assess the damages caused by the widening of Market Street have awarded the sum of $12,000 to this Institution. This sum, although little more than one-half of what will be required to place the premises in as good condition as they were before the work was commenced, will enable the hospital, in the early spring, to begin that which is most necessary, and to continue it as its means will permit. As this improvement of Market Street adds nothing to the value of the hospital premises for the purposes for which it will always be used, it will be seen how large a contribution it has given to the improvement of the neighborhood, outside of the important objects for which it was specially established. Two or three years more, it is believed, will complete all the municipal improvements around us, and every one will then see the wisdom and foresight of those who located this hospital just where it is. Whatever other hospitals for the insane may be required in the distant future, when Philadelphia shall have doubled the number of her inhabitants, no combination of circumstances can make it wise—it might be said, possible—for the city to entertain any suggestion to dispense with this hospital, to divert to other uses a single acre of its grounds, or to think of changing its location. The advantages it has in being here are many and important, and several of which, at this day, could not be provided elsewhere at any cost. Every family in the city has, or may have, an interest, directly or

indirectly, in the hospital being where it now is, on account of the facility of access for the patients and their friends, for official visitations, and for the many objects of interest so readily accessible. Besides all these, its open grounds of more than a hundred acres, in a high state of improvement, make a reservoir of fresh air, the influence of which must be felt in all that neighborhood, where very little provision has been made for spaces uncovered with buildings.

Acknowledgments.—I have great pleasure in again referring to the many evidences we continue to receive of an active interest in the prosperity of the institution, and the welfare and happiness of our inmates.

In addition to the noble gifts of I. V. Williamson, the late Jesse George, Mary D. Brown, and others, towards securing a permanent endowment for this hospital, and extending its advantages to those, whose lack of means would otherwise have effectually excluded them from any participation in the benefits it offers to its inmates, and which are fully detailed in your report to the contributors, I have to tender our thanks to S. S. Brown for $125; to Miss H. S. Benson for $100; to Edmund Smith for $100; to A. B. Woodruff for $25; to Miss M. E. Blanchard for $50; to Mrs. Charles Wood for $25; to Mrs. Martha Robb for $25; to Alexander Young for $25; to A. E. Borie for $25; to H. Pratt McKean for $25; to Charles Wheeler for $25; to the Misses Waln for $30; to

G. W. Childs for $10; to G. D. Rosengarten for $15; to I. Norris Emlen for $15; to Mrs. S. I. Lambert for $10;—all these being for the special object of procuring pictures and extending the means of amusement at the Department for Males, —to Charles Bartles and John G. Reading for $50 each in lumber; to Jacob P. Jones for $100 for Christmas; to Joseph C. Turnpenny for $50 and books for the library; to Baker, Davis & Co. for a deduction of $53 in a bill of books; to Elizabeth Farnum for a valuable oil painting; to Elizabeth Greeves for two photographic pictures of deceased managers; to Francis Wells for the very extended course of readings, already alluded to; to John S. Hart for a lecture on the English poets; to Dr. I. P. Trimble for three lectures; to Professor Morton for a lecture with specially fine illustrations; to several friends, by A. D. M., for flowers $25; to John Sellers for a deduction of $20 in bill for ice; to I. S. Williams & Co. for deduction from bill; to J. B. Lippincott for deduction from bill of books; to James S. Earle & Son for deduction in the price of pictures; to Samuel Sloan for valuable architectural services; to Samuel Welsh for a lot of tickets to the Zoological Garden; to John S. Peirson for a horse; to John Lafferty for a picture of the Centennial buildings; to Dr. Joseph J. Kirkbride for books and periodicals; to Wm. R. Warner & Co. for a variety of their pharmaceutical preparations; to "a friend" for a number of books for the library; to Wistar Morris for illustrated papers and periodicals; to B. F. Butler, of N. Y., for a horse; to Mrs.

James Hopkins for a horse; to Joseph Stoddard for a horse; to Ann and Martha P. Williams for a set of Chambers' Edinburgh Journal; to Hale, Kilburn & Co. for two easels; to Benj. H. Shoemaker for a liberal present of glass; to J. F. Eppelsheimer for all the leather belting required at the Department for Males; to Samuel Wall and his men for the painting of parlor of 1st Ward South; to Curwen Stoddard & Brother for two heavy carriage blankets and driving gloves; to Wm. Ray for a coachman's overcoat; to Dr. B. H. Rand for a large lot of music for the flute; to R. C. G. Sproul for five large volumes of piano music; to Mrs. Behrens, Miss Wilhelm, Miss Cassidy, Miss Forney, Drs. Maxwell, Stryker, Ray, and Osgood, and many others, who, with their friends, gave a large number of admirable concerts at both departments; to Mr. Herman and Mr. McCabe for exhibitions of legerdemain and ventriloquism; to Messrs. Toole and friends for a pleasant afternoon entertainment; to Major Ward for a Punch and Judy exhibition; to B. F. Duane for three of his amusing entertainments; to the publishers of the "Philadelphia Evening Bulletin," the "City Item," the "Commercial List," the "Sunday Times," and the "Phœnixville Messenger" for copies of their papers; to Grant & Harris, George H. Stuart, William Ray, Miss Wright, Wanamaker & Brown, and Dr. Wm. P. Moon for periodicals; to Sylvester J. Megargee for Southern fruit; to James W. Queen, the Messrs. McAllister, and Bannerman & Wilson we continue to be indebted for the use of magic lantern slides for our evening entertainments.

The only change among the resident officers of the Hospital that has occurred in the past year, is the addition of two assistant physicians. Dr. S. Preston Jones continues very efficiently in immediate charge at the Department for Males, having as medical assistants Drs. Wm. H. Bartles and Frank F. Corson. George Jones remains as Steward, and Hannah Sager as Housekeeper. At the Department for Females, Dr. William P. Moon is 1st Assistant Physician, Dr. Richard J. Hess, 2d Assistant Physician, Joseph Jones is Steward, and Anne Jones, Matron. To all these, and to all others in any way connected with the care of the inmates of the Hospital, I have great satisfaction in expressing my obligations for all the valuable aid they have given in promoting the happiness and restoration of the patients, and the general welfare of the Institution.

Death of John J. Thompson.—The death of this estimable member of your Board, during the past year, has been a source of great sorrow to those immediately connected with this department of the Institution. Although a manager of the Hospital but a comparatively short time, his deep interest in everything connected with it, his genuine sympathy with the afflicted, his kind words and liberal acts, joined to a very genial manner made him most highly esteemed, and his loss sincerely deplored by every one who had the privilege of knowing him.

RECEIPTS AND EXPENDITURES.—The following abstracts of the receipts and expenditures at each department of this hospital, during the year 1875, have been transcribed from the books, by the Stewards of the Institution, viz:—

EXPENDITURES.

DEPARTMENT FOR MALES.

Salaries and wages of all kinds . .	$27,826 30
Household expenses	42,680 39
Furniture	7,938 33
Lights	2,509 09
Fuel	12,487 22
Garden, grounds, live stock, and carriages	1,411 89
Grain and feed for stock . . .	725 07
Repairs and improvements . . .	3,804 70
Medical department	1,352 64
Amusement of patients . . .	535 68
Stationery and printing . . .	602 20
Library	137 91
Introducing telegraph	325 00
Telegraph rent and messages . .	255 69
Miscellaneous	52 00
Total expenditures . . .	$102,644 11
Net receipts	104,149 67
Average number of patients . .	208
" " free patients .	16
Amount expended in 1875 on free patients	$8,161 92

Expenditures.

DEPARTMENT FOR FEMALES.

Salaries and wages of all kinds . .	$24,992 44
Household expenses	39,263 90
Furniture	5,608 95
Lights	2,119 42
Fuel	7,540 21
Garden, grounds, live stock, and carriages	2,294 24
Grain and feed for stock . . .	2,701 65
Repairs and improvements . . .	9,182 20
Medical department	2,404 11
Amusement of patients . . .	915 38
Stationery and printing . . .	679 24
Library	170 05
Introduction of telegraph . . .	325 00
Telegraph rent and messages . .	264 93
Miscellaneous	260 70
Total expenditures . . .	$98,722 42
Net receipts	101,383 03
Average number of patients . .	222
" " free patients .	35
Amount expended in 1875 on free patients	$15,564 15

The average number of free patients receiving the benefit of the Hospital continues to increase, and the amount expended on this class, in 1875, was $23,726 07.

Necessity for more Accommodations for the Insane. The work of the Year.—Notwithstanding the great amount of work actually

done in hospitals, so many suffering cases are every year presented to our notice, that there can be no question as to the insufficiency of the present accommodations for the insane, and the irreparable loss sustained by the community from this cause. All this shows how important it is that the public attention should frequently be directed, not only to our deficiencies, but also to what has been effected, and the progress being made to remedy them. The year just closed was an unfortunate one in the latter respect, and much less progress than was anticipated, has been made in increasing the accommodations for the insane of Pennsylvania. Owing to an unfortunate combination of circumstances, the bills appropriating funds for the prosecution of the work on the extension of the hospital at Danville, and for the new hospital at Warren, failed to become laws. The consequence of this is, neither more nor less, than that at least six hundred of the people of this State, who are laboring under the sad affliction of insanity, are virtually condemned to a year of confinement in almshouses, jails, or, what is often worse than either, in their own homes, or in detached buildings near them, with all the suffering and loss such a term of detention in these places is sure to entail. The best that can now be done to remedy this loss, is to urge on the work with greater rapidity. The more liberal the appropriations, the sooner these hospitals will be finished, and give returns for the money invested in them.

The indignation, which is naturally felt by us all, at the bare suspicion of any one being wrongfully

confined, even for a short period, in any of the places mentioned, ought to teach us how great is the responsibility incurred by a community in permitting, for so large a number of the insane, what might well be regarded as a long sentence for the more moderate class of criminal offences. But this is not all. These six hundred are not only condemned to a year of unnecessary and undeserved confinement, as already stated, but it is not easy to say how many of them, by this sentence, are doomed to permanent insanity; for a year's continuance of mental disorder, without proper treatment, in a large proportion of all the cases that occur, settles the matter positively whether they are to be restored to health, or to remain permanently bereft of reason. This one year of neglect, after an attack, also decides another question of interest to the political economist, even if he take no higher view of the subject. It is whether the State is to be subjected to the cost of supporting these cases during the period of their restoration, which averages much less than a year in duration, or providing for them, as incurables, during their whole lives, their families, too, often becoming with them a burden on the public, and, instead of their adding to the wealth of a State, as they would by their labor if restored, they are, while they live, an expense to it.

On the other side, however, it is a subject of congratulation that the Pennsylvania State Medical Society, in no wise discouraged by the unfortunate circumstances which have been alluded to, has, during the present year, urged on the proper authorities

the importance of the early erection of another hospital, for the eastern counties of the commonwealth.

To the wise forethought and the active exertions of this influential body, whose members have so much to do with the health of our citizens, the State is certainly indebted, in no small measure, for the provision which has been, or is being made for the accommodation of so many of our unfortunate people at Danville and Warren. It is to be hoped, that the confidence heretofore reposed by the legislature in these movements, and the manner in which they are being carried out, will lead to an equally prompt and liberal appropriation for the hospital that is now recommended, and the necessity for which can hardly be questioned.

Scarcely a week, sometimes not a day passes, without some case coming to our notice, which shows that beyond the provision just alluded to, there is another required, still greater, more urgent, and which comes more directly home to us in this vicinity. To those who are familiar with the care of the insane, the simple fact, that our good city of Philadelphia,—the pioneer in caring for this class, with all its monuments of benevolence, and a most generous liberality,—has 1200 insane in accommodations which, stretched to the utmost, ought never to receive more than 600, tells the whole story as forcibly as could be done by pages of details, painful as their recital would be.

The great point to be settled is, how this state of things is to be changed. All admit that it is neither humane nor creditable to our city or State. The

question whether the State ought not to take charge of all her insane, and whether those who pay so largely for their support, ought not to have their proper share of the advantages of the provision made for their care, it is not necessary to discuss in this connection. What every one is interested in specially, and is bound to aid in bringing about, is that the provision should be promptly made, and that it should be fully up to the knowledge of the times, and to the high record of our State and city. Those who speak of providing for these cases, in connection with a hospital for the eastern counties of Pennsylvania, have little idea of the magnitude of the work that is before us. Two hospitals of the largest capacity, which the best authorities now consider allowable, will be necessary for the city of Philadelphia alone, even if the work could be completed in a single year. To commence the good work—if the plan of separating the sexes, which we have found to have so many advantages and not a single disadvantage, should be adopted—one building should be started at once, and as soon as this is prepared the men could be removed to it, and the whole of the present building be given up to the women, during the period required for providing a separate hospital for them.

No one pretends that all the proposed accommodations for the insane can be made without a large expenditure of money, but money faithfully expended for such an object, never yet made any State or city poorer; and neither Pennsylvania nor Philadelphia can long afford to do less than to provide a high order of accommodations for all the insane with-

that it is using no power, as it does its silent work. If it produces this impression it is a deception. If no power is used, no work is done. A careful analysis of all the elements of this question will, undoubtedly, prove that the fan is not so expensive as is generally supposed. It is really the most economical, as it is the most efficient means of ventilation. Of all absurdities, however, one of the greatest is to put up a fan to secure ventilation and then never use it. To do justice to it, it must be used at all times, night and day, summer and winter.

We often hear modern hospitals for the insane, called as a kind of reproach, "colossal," but there is no help for their large size where a large number of patients is to be accommodated. So, it has become common, when any one wishes to bring them into disrepute, or to oppose greater provision for the insane, to style them "palaces,"—but without specifying in what respect there is a resemblance,—and then go on to demonstrate, that palaces are not proper places for the insane, especially the insane poor, to live in,—a proposition about which there would probably be little difference of opinion. The fact of a building being very large, and furnished with everything desirable for the treatment of its patients, does not make it a "palace." Everybody should be thankful that the style of hospitals not uncommon some years since, has been abandoned. Then, they were not unjustly compared to "factories," and the introduction of a better taste need not add very materially to their cost. The fact that here and there too much money may have been expended

in needless ornamentation, is no argument against a style that is pleasant to patients and every one, and which is itself an aid to the very object for which hospitals are established. No matter, for what class of the insane, a hospital is built, the essentials are the same, and any plan which diminishes the cost to one-half of what it should be, simply takes away just that much from its means of usefulness.

THE CARE OF THE INSANE. A CENTENNIAL RETROSPECT.—A centennial review of what has been done for the insane in the United States, may fairly be allowed to embrace the whole history of the provision made up to the present time, so little being even attempted before 1776, as scarcely to effect the general result.

Previous to 1751 there was no regular provision for the care of the insane in America. In that year the Pennsylvania Hospital, at Philadelphia, was incorporated by the Provincial Assembly, for the purpose of providing for the sick poor, and for the *care* and *cure of the insane.* The first patient ever placed in such an institution for treatment for this disease, in this country, was admitted to that hospital on the 11th day of February, 1752, and ever since it has had a department specially devoted to those suffering from mental disorders. The next institution in order was the asylum at Williamsburg, Virginia, opened for the reception of patients in 1773, being the first State provision for the insane in this country. This constitutes about all that was done for the insane before the Declaration of Independence. Since

that time the progress of the work has been very variable, but the general result, on the whole, has been satisfactory and eminently honorable to the country; the movement at this time being more active than at any previous period. From no provision whatever at the date first mentioned, there are now built, or being built in the United States, no less than seventy-six hospitals for the insane, which, when finished, will be able to accommodate as many as twenty-nine thousand patients. These include the institutions established and maintained by the different States,—being by far the largest number,—those controlled independently by a few large cities, three or four incorporated specially for this benevolent purpose, and rather more than the same number of private establishments owned and managed by individuals.

This statement gives the general result of what has been effected in a little more than a century, by the efforts of benevolent individuals to ameliorate the condition of the insane. Much more than this, however, has been done, and is worthy of being placed on record in this connection.

Although the first public document issued by those who founded the Pennsylvania Hospital in 1751, showed, for that day, a remarkably advanced state of opinion on the subject of insanity, for it was referred to as a disease, like other maladies, affecting the human body, to be treated like them, when necessary in hospitals, and by treatment when it was possible, to be "cured;" still the general establishment of sound principles on the whole subject,

has been a very gradual work, and they are still far from being universal. Every year has shown an advance in public opinion, and there are good reasons for anticipating a steady progress in the right direction.

Among the principles now recognized by all who have studied the subject, and which are carried out with various degrees of thoroughness in our institutions, may be mentioned as the ground-work of all that follows, the belief that insanity is a disease of the brain, susceptible of relief by treatment, as much as other maladies, and as curable as others that are serious, when promptly and properly treated. Besides this, it is generally understood that a large portion of all the cases that occur, require removal from home, and treatment in institutions specially provided for the purpose, and that medical skill and various traits of character, not always combined with it, on the part of their officers, are particularly necessary to secure the best results; that gentleness, kindness, and sympathy are indispensable in the management of the insane, while neither cruelty nor punishment of any kind is ever, under any circumstances, to be tolerated. As securing many of these, and indispensable for the proper and successful working of hospitals for the insane, a great advance has been made, by establishing the principle that every such institution must have one head, a physician, whose authority must be paramount over all employed, and who must have the sole and absolute direction of the medical, moral, and dietetic treatment of the patients.

It does not seem to me a pleasant task, nor a profitable one, to detail the condition of the insane, and the prevalent views of insanity which existed a hundred years ago, for the sake of making a startling contrast with what they are at present. The insane having no treatment, no care, there being no institution for either previous to 1752, is the one fact that tells the melancholy history with sufficient distinctness. Whatever enlightened views are now held, and whatever provision has been made, are the outgrowth of the period referred to. It might, even now, be well for the insane, and for the people, generally, if all the literature on the subject of insanity in its early periods, all the records of what resulted from ignorance and superstition, all the parliamentary records of abuses of the last century, could be destroyed, and a fresh start taken, adopting all our present knowledge and all our most advanced and well-established views, as the condition, nothing less than which, should anywhere be tolerated.

There are still many writers for periodical literature, many public speakers, and even, now and then, as will be elsewhere stated, a professional publication that show how deleterious the study of this early literature regarding insanity has been. It has led many men, who have read little on the subject, to believe that whatever once was, now is, and all the more readily from having relied upon such sources of instruction, without having ever taken the trouble to make a personal examination and study of what is now being done for the insane, and witness-

ing how completely many of these ancient views and practices have been discarded.

No one will pretend that what has been done, even in the last decade, is perfect. Nothing human is so. But the whole tendency of the times is progression, and the more thoroughly and generally sound principles are recognized, the more certain is the work of the future to be an advance upon whatever has already been done. It must be acknowledged, too, that the want of sufficient accommodations for the insane of certain districts, joined to the effects of political influences being allowed to interfere with a judicious management, and in a few instances, the failure to secure a proper system of organization for these institutions, have produced a condition of things, for which, with the knowledge that is accessible to any one, there can be no possible excuse. These, however, are few and exceptional cases, whose days, it is to be hoped, are already numbered, and do not impair the general propositions already made.

The establishment of the Association of Medical Superintendents of American Institutions for the Insane in 1844,—with its various propositions in regard to the construction and organization of hospitals and the general management of the insane,—all or nearly all of which have now stood the test of a quarter of a century's trial,—in connection with the annual meetings of this body of practical men, and the full discussion of every subject appertaining to the care and well-being of this afflicted class,—has been one of the events which has contributed in

various ways to promote the best interests of the insane, and to elevate the character of American institutions for their treatment.

Among the objects that have been specially advanced by this association, and which are now generally recognized, are sound principles in regard to the classification of the patients, to hospital construction, heating, and ventilation, and to the official organization of these institutions, with one responsible chief, possessing, as already stated, an amount of power sufficient to insure harmony of action, and to produce the best results. Its action in regard to the legal relations of the insane has been recognized as sound and enlightened, and has influenced legislative action, and its annual meetings, steadily increasing in the number in attendance, in interest and usefulness, are among the evidences of the good work that has been accomplished by it.

The introduction of schools, and the very great extension of the means of occupation and amusement in hospitals, in the last century, are also worthy of mention. The prosecution of anatomical and microscopical investigations is receiving a fair share of attention, with results highly creditable to those engaged in them, and although their revelations may not furnish much additional light to guide us in the treatment of mental disorders, they are nevertheless of deep interest as matters of science, and as tending to confirm the reality of cerebral disease, in all cases of insanity.

Lectures on insanity were delivered by Dr. Benjamin Rush, in his regular course, in the University of

Pennsylvania, with clinical instruction in the wards of the Pennsylvania Hospital, of which he was one of the physicians, at least, as early as 1805; and, although the progress in this direction has been slow, there are evidences of a greater appreciation of its importance in several of the prominent medical schools of the country, in which short courses of lectures on mental disorders have been delivered by gentlemen practically familiar with the subject.

The literature of the subject, within a little more than half a century, is also creditable. Although mainly confined to the annual reports of the different institutions, and of special commissions, the careful study of these, will reveal a large amount of practical observations, and suggestions of a most valuable kind; and the various works of more pretensions, as of Rush, Ray, Bell, Brigham, Woodward, and others, are alike honorable to the profession and the country. To this period also belongs the credit of having started the first quarterly journal, in the English language, specially devoted to the discussion of insanity and collateral subjects, and which, after an existence of thirty-two years, still flourishes under an able direction, and it has been followed by several others devoted to the same class of investigations.

As an advance in sound principles, it is worthy of record, that the opinion seems to be steadily gaining ground, and can hardly fail, at no distant day, to be everywhere recognized, that each State in the Union is bound by every dictate of humanity, justice, and an enlightened economy, to make provision for all its insane in institutions of a high order. There is

regularly and carefully, and who are themselves thoroughly imbued with correct views on the various subjects discussed, there must often appear a needless repetition of principles and details of practice, which, at this day, it might be supposed were familiar to every one, who had taken any pains to become posted in regard to insanity and the care of the insane. It is to be remembered, however, that every year brings a new set of readers for these documents—often persons who have never examined the subject at all—and that there is still a numerous class in every community, whose knowledge of insanity, its treatment, and the character and objects of hospitals for the insane is purely traditional, or mainly derived from the writings which belong to at least half a century ago, from the descriptions of the English receptacles of that period, parliamentary reports on their abuses, or the statements of partially cured patients, whose plausible fictions might readily deceive the most honest inquirer after truth, who resorted to no other sources of information. Rarely, but still now and then, a medical periodical, and notably, a prominent English one of recent date, is found dealing in assertions, showing such an amount of prejudice, or want of knowledge, or wilful perversion of facts, as to make one suspect that some unprincipled person had been imposing on the credulity of the editor; for a very little inquiry would have furnished a positive refutation of most of the charges, made without any qualification, and with the air of coming from a higher order of humanity.

All these things show that the time has not yet arrived, when it is proper to dispense with the frequent statement of facts and the correction of errors, even if doing so, seems to involve the repetition of principles that ought not to be questioned, and may be familiar to most. In no other way can a sound public sentiment be secured, and without this, large numbers of the insane must continue without the care and consideration to which they are justly entitled. In no other way can the mists of ignorance and prejudice be removed, or the false statements that come from mental disease, or from other causes, be controverted. The old adage about the rapid strides with which error travels, compared with the slower progress of truth, is just as true in regard to insanity as to anything else, and truth can vanquish error, only by being frequently presented to notice, in old or new forms, and on every suitable occasion.

Conclusion.—At the close of the thirty-fifth year of the Pennsylvania Hospital for the Insane, in its present location, and the hundred and twenty-fifth since the Pennsylvania Hospital was founded; with steadily increasing feelings of gratitude to an overruling Providence for all His blessings and mercies, I again commend the institution to your enlightened and liberal oversight, and to the generous sympathies of the whole community.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane,
1st month 1st, 1876.

APPENDIX.

SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, by JOHN T. LEWIS, *Treasurer*, No. 231 South Front Street, Philadelphia, or by Dr. THOMAS S. KIRKBRIDE, at the Pennsylvania Hospital for the Insane.

LEGACIES intended to promote the objects of this Institution should be given in its corporate name, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL," and should specify that they are "TO BE DEVOTED TO EXTENDING AND IMPROVING THE ACCOMMODATIONS FOR THE INSANE."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can tend to interest or occupy the patients, are always thankfully received.

☞ Every contribution or legacy of $5000 for extending and improving the accommodations for the insane, adds one FREE BED to the number already in use, for indigent recent and supposed curable cases, only; and, judging from past experience, when thus used, will be the means of restoring to reason from one to two patients in every year the Institution shall exist.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

All classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, questions, &c., can always be obtained.

a certificate of the patient's insanity from two or more physicians, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved April 20, 1869. A request that the individual may be received into the Institution must likewise be made by a near relative or friend. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise, the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

THE PENNSYLVANIA HOSPITAL FOR THE INSANE, AT PHILADELPHIA.

To answer inquiries that are constantly being made, and to remove erroneous impressions occasionally entertained, not only in regard to the character, but also the objects, of the Pennsylvania Hospital for the Insane, the following sketch of its history, etc., is republished.

History.—Established by benevolent private citizens of this commonwealth, in 1751, the Pennsylvania Hospital was chartered by the Provincial Assembly of that year, as "the Contributors to the Pennsylvania Hospital," and from the first had two departments, its objects being declared to be "the relief of the sick poor and the reception and cure of the insane;" this being the first regular hospital provision for the insane in America. This declaration of its objects manifested a remarkable degree of good sense, for while the ordinary sick poor were to be admitted, it was fairly implied that the insane, no matter what their social position or pecuniary means, were to be received, and not simply cared for, but "cured." Such a recognition of insanity as a curable disease, at that early day, was much more in advance of the general public sentiment than can now be well imagined.

The first patient was admitted on the 11th of February, 1752, and the second, third, fourth, and sixth patients received were insane, two paying their ex-

penses, and two being treated without charge of any kind.

The hospital, at first, was kept in a private house on the south side of Market Street above Fifth Street, formerly the residence of Judge Kinsey, and for which a yearly rent of forty pounds was paid. The eastern wing of the Pennsylvania Hospital, at Eighth and Pine Streets, was finished and opened in 1756, and in the basement of this wing the insane were taken care of till 1796, when, on the completion of the west wing, they were removed to it, and continued to occupy that portion of the hospital, till they were transferred to the new building—now "the Department for Females"—on the west side of the River Schuylkill, and which, under the title of "The Pennsylvania Hospital for the Insane," was opened on the 1st day of 1841. This building accommodated all the insane under the care of the Institution, till its crowded state led to the erection of an entirely new structure on the same grounds, and to the subsequent separation of the sexes. So that since the opening of this last building, now "the Department for Males," in 1859, the Pennsylvania Hospital for the Insane has consisted of two distinct departments, that for males, capable of accommodating 250 patients, and that for females,—since the erection of the two Fisher Wards,—also capable of accommodating 250 patients, both being on the same tract of 113 acres of land, lying between Market and Haverford Streets, and Forty-second and Forty-ninth Streets, in the city of Philadelphia. The buildings are about one-third of a mile apart, have

91 acres devoted to gardens and pleasure grounds, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Purely unsectarian, it receives into its wards, as long as there is room, the mentally afflicted of every class, profession, or creed, without regard to residence, and, as far as it is able, dispenses its benefits to those from our own State, not blest with this world's goods, as freely as to those who seem to have nothing to ask for but health.

Results.—While the original structure at Eighth and Pine Streets was used,—a period of ninety years,—4366 insane patients were treated there, and of these 1493 were cured, 913 discharged improved, 995 removed without improvement, 610 died, 246 eloped, mostly before the square was permanently inclosed, 97 were transferred to the new Institution, and 12 were retained in town.

The Pennsylvania Hospital for the Insane began in 1841, with 97 patients, received from the old hospital, and with accommodations for 140. It can now receive about 500 patients. Since its opening it has received 7167 patients, and of these 3324 have been restored to their friends, cured; 1677 have been discharged in various stages of improvement; 853 left without improvement; and 894 died; while at this date 419 remain under treatment, with sixteen distinct classes or wards for men, and twenty for women. Of these patients, 1532 were received without charge, and about as many more paid less than the cost of

their support. While the insane were in the old hospital, the receipts from their care so much exceeded the cost, that fully $100,000 were added to the capital stock from this source.

How Accomplished.—All the land was obtained for the sum of $30,000, and that and the original buildings at the Department for Females were provided at a cost of about $325,000, these funds being obtained from the sale of a portion of the vacant lots surrounding the parent hospital in the city, and which lots originally cost but $10,000. The Department for Males was provided at a cost of $355,000, made up entirely from the contributions of benevolent individuals, nearly all of whom were residents of Philadelphia. The two Fisher Wards were built and furnished almost entirely from a special legacy of the late Joseph Fisher, of Philadelphia. This land, on which is the Pennsylvania Hospital for the Insane, will always be much more valuable to Philadelphia, for the purposes for which it is now used, and as a reservoir of fresh air for the neighborhood, than it could possibly be if covered with buildings of any description.

Whatever the Institution has received for board and medical attendance has been expended in the care and for the benefit of the patients. Beyond its receipts from this source, it has expended on free patients and those unable to pay the entire cost of their support, in thirty-five years, $159,996 36,*

* During the same period, the Hospital at Eighth and Pine has expended on indigent patients, from the same source, more than $900,000.

derived from the treasury of the corporation, or an average of $4571 32 per annum, being, however, considerably less than the interest yielded by what the care of the insane had, previously to 1841, added to the capital stock of the corporation. The total amount expended on this class, in these thirty-five years, was $408,198 64, or $11,662 81 per annum.

No one connected with the Institution has any pecuniary interest in its income or in the receipts from the board of its patients.

It has never yet failed to have a weekly visit of inspection from a committee of its Board of Managers,—each serving two months at a time,—and these visits, with the regular service of its physicians and other officers, with supervisors, companions, and attendants living in the wards, constitute the system of personal superintendence for securing the greatest comfort and the best care of the patients.

It will thus be seen that all this provision for "the care and cure of the insane," the relief of private families, and the protection of the community, and all these results, have been secured to our city and State, without any resort to the treasury of either. No one has been taxed to aid in this great work. What has been received has been given voluntarily. As insanity is a disease from which no one can claim exemption, as it differs from other maladies in requiring hospitals specially prepared for its treatment, and for which, in most cases, no amount of pecuniary aid can be a substitute, it is felt that this Institution is safe in relying, as it always has done, on the benevolence and liberality of private citizens, and

the intelligent appreciation of the community in the midst of which it does its work, for whose benefit it has ever been conducted, and who are specially fortunate in having it just where it is,—easy of access, with unusual facilities for management and for carrying out the great objects for which it was established.

Its Needs.—The claimants for admission on the part of those unable to pay the full cost of their support, are constantly increasing, and are far beyond the resources of the Institution. Many of them are cases of the greatest interest and curable. It is to meet these applications, and to provide everything that will promote additional comforts, greater happiness, and give better chances of restoration for all its patients, that the Institution needs large additions to its resources, and especially a great increase of the permanent fund which has been liberally started by a few benevolent individuals.

Where free beds are established, they are for indigent recent and supposed curable cases, only; and, judging by past experience, when thus used, every such bed may be expected to be the means of restoring to reason and to society, from one to two patients in every year the Hospital shall exist.